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# The Urban District of Esher

<del>Dr. Didsbury</del>	C.407
<del>Mr. Morley Parry</del>	A.419
<del>Mr. Perry</del>	A.401
<del>Mrs. Robins</del>	B 1414

## ANNUAL REPORT

of the

Medical Officer of Health

and

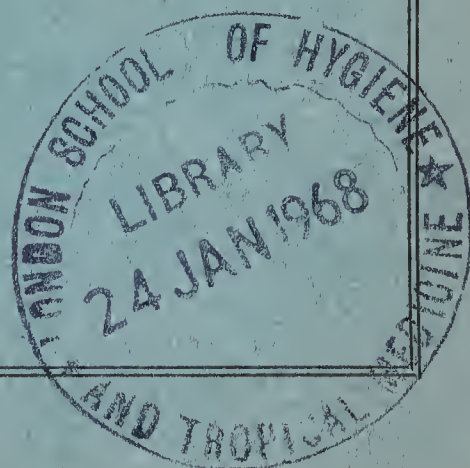
School Medical Officer

together with the Report of the

Chief Public Health Inspector

for the year

1965





# The Urban District of Esher

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## ANNUAL REPORT

### of the Health and Sanitary Conditions for the Year 1965

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PETER WESTCOMBE, M.B., B.S., D.P.H.,

*Medical Officer of Health (resigned 31.3.65)*

ERIC PEREIRA, M.B., B.S., D.P.H.,

*Medical Officer of Health (commenced 1.4.65)*

FRANK L. BARKER, F.R.S.H., M.A.P.H.I.,

*Chief Public Health Inspector*



**ESHER URBAN DISTRICT COUNCIL  
HEALTH COMMITTEE  
1965**

*Chairman:* COUNCILLOR MRS. M. E. IVES

*Vice-Chairman:* COUNCILLOR A. D. JAMES, M.I.M.I.

COUNCILLOR MRS. G. BAKER

COUNCILLOR D. MOON, M.C.

„ MISS W. E. BISIKER

„ H. A. PACKHAM, M.A.,

„ V. J. BULLETT

LL.B.

„ W. M. D. GIBSON

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„ W. KERR, A.M.I.P.E.

„ MRS. N. M. SHILSON

„ P. G. LOCKYER

„ B. W. WIDGER,  
A.R.I.C.S., A.I.Arb.

*Ex-officio Member:*

COUNCILLOR L. J. LIMMER, J.P. (*Chairman of the Council*)

## HEALTH DEPARTMENT

### Staff

#### Medical Officer of Health

P. WESTCOMBE, M.B., B.S., D.P.H. (resigned 31.3.65)

E. PEREIRA, M.B., B.S., D.P.H. (commenced 1.4.65)

#### Assistant Medical Officer of Health

ANNA R. PARK, M.B., B.Ch., B.A.O., D.P.H.

#### Chief Public Health Inspector

F. L. BARKER, F.R.S.H., M.A.P.H.I.

#### Deputy Chief Public Health Inspector

C. F. PACKHAM, M.A.P.H.I.

#### Additional Public Health Inspectors

S. C. BAKER, M.A.P.H.I., A.V.I.

C. L. HUNT, M.A.P.H.I.

#### District Nursing Officer

MISS J. M. COLE, S.R.N., S.C.M., H.V.

#### Medical Social Workers

MRS. M. P. COUSSELL, A.I.M.S.W.

MRS. M. J. BRANDER, A.I.M.S.W.

#### Social Worker for the Physically Handicapped

Mrs. A. E. DEFRIES, A.I.M.S.W.

**Home Teacher for the Blind**

MISS J. KNIGHT

**Welfare Officer for the Deaf**

MISS E. M. VOUSDEN

**Public Health Nurse**

MISS J. DUNSTONE, S.R.N. (resigned 19.9.65)

MRS. L. ROBINSON, S.R.N. (commenced 20.9.65)

**Home Help Supervisor**

MISS S. J. BODEN (commenced 1.4.65)

**Technical Assistant**

R. J. CLARKE (as from 1.2.65)

**Pests Control Officer**

D. Taylor (as from 1.2.65)

**General Duties Assistant**

A. V. NEAL (commenced 22.2.65)

**Senior Administrative Assistant**

G. L. LEVATI

**Administrative Assistant**

MRS. Y. EMMERSON

**Clerical Staff**

MISS D. ARNELL

MRS. M. L. BARDER (commenced 17.5.65)

MRS. E. BRAILSFORD (commenced 1.4.65)

MRS. J. BRANSBY (commenced 1.4.65)

MISS V. CHAMPION (resigned 27.8.65)

MISS B. CREW (commenced 20.9.65)

MRS. L. A. HEADLEY (commenced 10.5.65)

MRS. J. HINTON (commenced 1.4.65)

MRS. R. E. KIRKPATRICK

MISS P. LAND (commenced 21.6.65)

MRS. H. LOVELEACE (commenced 1.4.65)

MRS. M. SMITH (commenced 20.7.65)

MRS. I. WIMMS (commenced 26.4.65)


MR. H. WOOLLEY (commenced 30.5.65)

**Clerk of the Council**

A. G. CHAMBERLIN

**Public Analyst**

D. D. MOIR, M.Sc., F.R.I.C.



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# Urban District of Esher.

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Telephone: ESHER 62241

COUNCIL OFFICES,  
ESHER.

*To the Chairman and Members of the  
Esher Urban District Council.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1965, which has been prepared in accordance with Ministry of Health Circular 1/66.

The Report is divided into three parts—Environmental Health, including the report of the Chief Public Health Inspector; Personal Health and Welfare, and School Health.

During the first quarter of the year Dr. Peter Westcombe was your Medical Officer of Health, and the Personal Health and Welfare Services were provided by the County Council—mainly through the North Central Division.

On the 1st April, 1965, the Council assumed responsibility for the delegated Health and Welfare Services, and I have had the honour of supervising arrangements for the local administration, the engagement of additional staff, and the co-ordination of functions.

This has been a most interesting and rewarding task, and I have been greatly impressed by the willing co-operation received from my colleagues in all other Departments of the Council.

Every effort has been made to provide accurate statistical information so that an informative comparison can be made in subsequent years.

The Personal Health and School Medical Services taken over were functioning efficiently—it was only necessary to scrutinise them carefully and to provide additional facilities as required. On the other hand, the community welfare services were less developed by reason of staff shortages, and there has been a pronounced increase in domiciliary care for the elderly and the physically handicapped.

Co-operation between various members of the staff is greatly improved by having office accommodation under one roof. This provides for avoidance of duplication, economy of effort, and makes



for a better service to the public. In this respect also, the proximity of all other Council Departments is a great advantage.

My thanks are due to all members of my staff who have helped in the preparation of this report, and who have enthusiastically undertaken the considerable amount of work described in its pages.

I also wish to thank the Chairman and Members of the Health Committee for their most helpful support during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

ERIC PEREIRA,

*Medical Officer of Health.*



## PART I

# Environmental Health Services

## ENVIRONMENTAL HEALTH

### PREFACE

#### Staff

Apart from the changes and additions to staff made on the 1st April, 1965, as a result of Local Government Reorganisation and the assumption by this Authority of the Delegated Health and Welfare functions the following appointments and resignations took place during the year:—

Miss J. Dunstone, S.R.N. resigned her appointment as Public Health Nurse on 19th September, 1965, and was replaced by Mrs. L. Robinson, S.R.N. on 20th September, 1965.

Mr. R. J. Clarke was appointed Technical Assistant for duties under the Offices, Shops and Railway Premises Act, 1963, and the vacancy thus created for a Pests Control Officer was filled by the appointment of Mr. D. Taylor.

Mr. A. V. Neal was appointed General Duties Assistant in place of Mr. Taylor.

#### Population

The Registrar General's estimate of the population for mid 1965 was 62,470. This may be compared with his estimate of 62,140 for the previous year and the census 1961 figure of 60,610.

*Births.*—During the year 865 live births were registered (433 males and 432 females) compared with 843 in 1964.

The corrected birth rate per thousand population was 15 compared with 14.8 in the previous year.

There were 41 premature births and of these 34 survived.

*Deaths.*—The total number of deaths occurring amongst residents was 629 (286 males and 343 females) compared with 633 in 1964.

The corrected death rate was 9.2 per thousand population compared with 11.2 for England and Wales and the infant mortality rate was 13.9 per thousand live births compared with 19.0 for the country. The infant mortality, neonatal mortality and still birth rates remained at a low level.

#### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

(a) *The Personal Health and Welfare Services* which were delegated to this Authority on the 1st April, 1965, are described in the appropriate section of this report.

(b) *Services Provided by the Regional Hospital Board.* Kingston Hospital is the main general hospital for the district providing both in-patient and out-patient facilities. The catchment area includes Hinchley Wood, The Dittons, East and West Molesey, Claygate and Esher. Cobham and Oxshott come within the Epsom District Hospital Group and the residents are similarly served by the general hospital.

Cases of notifiable infectious disease are normally admitted to Tolworth Isolation Hospital.

In addition the needs of the residents and the general medical practitioners are conveniently met by three small hospitals—Molesey Hospital, Thames Ditton Hospital and Cobham Hospital. Residents also make use of facilities provided by the Teaching Hospitals in the London area.

*Laboratory Services.*—The laboratories of the Kingston and Epsom Hospitals are available for examination of specimens sent in by general practitioners.

*The Ministry of Health, Public Health Laboratory, Epsom,* is available for the examination of any pathological specimens and the bacteriological examination of samples of milk, ice-cream, and water. The staff of the Laboratory are prepared to advise and assist the Medical Officer of Health in cases of outbreak of communicable disease.

*Mortuary Service.*—A mortuary located within the grounds of Epsom Hospital covers the needs of this district and for this service an annual payment is made to the Authority concerned.

*National Assistance Act, 1948—Section 47.* In many cases old people add to their own difficulties by refusing to accept the domiciliary services available and by refusing to consent to removal to a Home or Hospital. Under the *National Assistance Act, 1948* and the *Amendment Act, 1951* the Medical Officer of Health can apply to the Court or to a Magistrate for a Compulsory Removal Order which has the effect of placing and retaining the patient in hospital or home.

Every effort is always made to arrive at a satisfactory solution without resort to compulsion and action was taken under the Acts in 1965 in one case only. This was a frail old man who lived alone and who had no relatives able to care for him. He was unable to move from his chair, incontinent, and suffering from gross oedema and haematuria. A hospital bed was obtained for him, but when the ambulance called the patient refused to leave his home. In the circumstances, application was made to a magistrate under the Amendment Act, 1951; a Removal Order was obtained, and the patient was taken to hospital later the same day.



## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

*Smallpox.*—Routine surveillance of persons returning to this country after visiting an area where smallpox is endemic has continued as necessary. The numbers of vaccinations and re-vaccinations given in the table refers mainly to children and do not include the considerable number of adults re-vaccinated prior to travel abroad. Official authentication of international vaccination certificates continues to occupy an appreciable amount of time of the clerical staff.

*Measles.*—1965 was an “epidemic year” and no less than 864 cases were notified. In the Autumn of 1964 a trial of measles vaccine was carried out under the direction of the Medical Research Council and it is expected that it will be available for general use in 1966.

*Dysentery.*—In May it was reported that no less than 30 children were absent from a primary school suffering with symptoms of gastro-enteritis. Bacteriological examination of faecal specimens showed that the infecting organism was *Shigella sonnei* which causes a mild form of dysentery.

The outbreak was controlled by strict measures of hygiene within the school, immediate exclusion of any child with suggestive symptoms and exclusion of all sufferers until proved bacteriologically free from infection.

Contacts of primary school age were excluded until the family was free from infection and the same action was taken in regard to contacts concerned with the serving or preparation of school meals.

Altogether 77 children and 7 staff were excluded for varying periods. The volume of work undertaken by the department was considerable, the Public Health Inspectors, and the Public Health Nurse making more than 650 visits.

*Typhoid Fever.*—A young woman returned to this district from a camping holiday on the Costa Brava. About 10 days later she became ill and was admitted to hospital where a diagnosis of typhoid fever was made. Her illness was severe but eventually she made a complete recovery.

Three friends who accompanied her on the holiday were unaffected and there were no secondary cases.

*Paratyphoid Fever.*—Early in the year a young woman was admitted to hospital and found to be suffering from paratyphoid fever. She had not been out of the country. Numerous contacts and the staff of a restaurant in another district were investigated but no further cases or carriers were found. The patient made an uninterrupted recovery and no secondary cases occurred.

## VACCINATION AND IMMUNISATION

The scheme of immunising infants and children against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox, is primarily the concern of the Public Health Nurse, and is uniform throughout the district. Parents are urged to bring their children to the clinics, or to take them to their own doctors, for injections at appropriate times, and any who fail to comply are referred to the Health Visitor for follow up. The system is very thorough and persistent, and generally the parents are most co-operative. By these means a high state of immunity is obtained amongst the children.

Vaccination against smallpox is offered at age 13 months. At this age the child seems to be little troubled by the procedure, and mothers appear to be accepting this more and more readily.

In the case of poliomyelitis, the oral vaccine is now in use. The first dose is given in the 6th month, and is readily accepted.

B.C.G. vaccination against tuberculosis is offered to school children aged 13 years, but it was not possible to carry this out until January 1966.

## MASS RADIOGRAPHY

The Mass Radiography Unit maintained by the Hospital Board is located each week at King George's Hall, Esher, and twice each month at The Clinic, Cobham. This provides a most valuable and convenient diagnostic facility for the general practitioners who refer their patients and, in addition, any member of the public can have a chest x-ray without appointment.

From time to time the Unit visits the larger factories and carries out a survey, and periodically it is stationed in a busy part of the district for some days with a view to encouraging the general public to make use of the service.

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In the tables which follow will be found a summary of statistics relating to these and other matters, while the report of the Chief Public Health Inspector presents a summary of the extensive routine visiting and sampling which is carried out in the district by his staff. Such vigilance continues to be necessary and indeed the routine work of the Inspectors increases with each successive year.



# STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres) .. .. .	14,847
Registrar General's estimate of resident population (mid 1965) ..	62,470
Number of inhabited houses—end of 1965—according to rate books	20,015
Rateable Value .. .. .	£3,960,859
Product of a penny rate 1965/66 .. .. .	£15,800

## Extracts from Vital Statistics:—

	Total	M.	F.
Live births .. .. .	865	433	432
Legitimate .. .. .		408	412
Illegitimate .. .. .		25	20
Live birth rate per 1,000 of the estimated resident population—13.8			
Corrected live birth rate—15.04.			

	Total	M.	F.
Still-births .. .. .	12	9	3
Legitimate .. .. .		9	3
Illegitimate .. .. .		—	—
Still-births rate per 1,000 live and still-births—13.6.			

	Total	M.	F.
Total live and still-births .. .. .	877	442	435
Legitimate .. .. .		417	415
Illegitimate .. .. .		25	20

	Total	M.	F.
Infant deaths (under 1 year of age) .. .. .	15	8	7
Legitimate .. .. .		8	6
Illegitimate .. .. .		—	1
Infant mortality rate per 1,000 live births .. .. .		17.3	
Infant mortality rate per 1,000 legitimate live births .. .. .		17.07	
Infant mortality rate per 1,000 illegitimate live births .. .. .		22.2	

	Total	M.	F.
Neo-natal (first four weeks) mortality .. .. .	12	6	6
Legitimate .. .. .		6	5
Illegitimate .. .. .		—	1
Rate per 1,000 live births—13.9.			

	Total	M.	F.
Early Neo-Natal Mortality (under 1 week of age) .. .. .	11	5	6
Legitimate .. .. .		5	5
Illegitimate .. .. .		—	1
Rate per 1,000 live births—12.7.			

Illegitimate live births per cent of total live births—5.2.

Maternal deaths (including abortion) .. .. . 0.00

Maternal mortality rate per 1,000 live and still-births 0.00



	Total	M.	F.
Perinatal mortality (still-births and deaths under one week combined) .. .. .	23	14	9
Rate per 1,000 total live and still-births .. .. .	26.2		

### CAUSES OF DEATH

	M.	F.	Total
1. Tuberculosis, respiratory .. .. .	1	—	1
2. Tuberculosis, other .. .. .	—	—	—
3. Syphilitic disease .. .. .	3	2	5
4. Diphtheria .. .. .	—	—	—
5. Whooping cough .. .. .	—	—	—
6. Meningococcal infections .. .. .	—	1	1
7. Acute poliomyelitis .. .. .	—	—	—
8. Measles .. .. .	—	—	—
9. Other infective and parasitic diseases .. .. .	—	—	—
10. Malignant neoplasm, stomach .. .. .	8	7	15
11. „ „ lung, bronchus .. .. .	25	8	33
12. „ „ breast .. .. .	—	18	18
13. „ „ uterus .. .. .	—	3	3
14. Other malignant and lymphatic neoplasms .. .. .	34	41	75
15. Leukaemia, aleukaemia .. .. .	1	—	1
16. Diabetes .. .. .	2	—	2
17. Vascular lesions of nervous system .. .. .	23	63	86
18. Coronary disease, angina .. .. .	66	37	103
19. Hypertension with heart disease .. .. .	10	8	18
20. Other heart disease .. .. .	25	64	89
21. Other circulatory disease .. .. .	19	14	33
22. Influenza .. .. .	—	—	—
23. Pneumonia .. .. .	16	17	33
24. Bronchitis .. .. .	11	6	17
25. Other diseases of respiratory system .. .. .	3	3	6
26. Ulcer of stomach and duodenum .. .. .	4	1	5
27. Gastritis, enteritis and diarrhoea .. .. .	1	3	4
28. Nephritis and nephrosis .. .. .	—	—	—
29. Hyperplasia of prostate .. .. .	2	—	2
30. Pregnancy, childbirth, abortion .. .. .	—	—	—
31. Congenital malformations .. .. .	6	3	9
32. Other defined and ill-defined diseases .. .. .	13	33	46
33. Motor vehicle accidents .. .. .	7	5	12
34. All other accidents .. .. .	4	2	6
35. Suicide .. .. .	2	4	6
36. Homicide and operations of war .. .. .	—	—	—
Total	286	343	629

# DEATHS—AGE GROUPS

	Under 4 weeks	4 weeks and under 1 year	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—79	80 and over	Total
MALES ..	6	2	2	1	2	3	8	20	57	76	109	286
FEMALES ..	6	1	2	1	3	1	4	16	34	72	203	343
TOTAL ..	12	3	4	2	5	4	12	36	91	148	312	629

## STATEMENT SHOWING WHERE DEATHS OCCURRED

In this district ..	..	..	..	..	..	291
Hospitals outside district ..	..	..	..	..	..	302
Died in other districts ..	..	..	..	..	..	36
						<u>629</u>

## CAUSES OF DEATH OF INFANTS

	Total No. of deaths	Age at death
Acute haemorrhagic pneumonitis ..	1	4 months
Broncho pneumonia ..	2	1 month; 5 months
Respiratory distress syndrome ..	3	1 hour; 3 hours; 3 weeks
Prematurity ..	7	10 minutes; 2 hours (3) ; 1 day (2); 19 hours
Congenital abnormalities	1	1 hour
Septicaemia ..	1	3 days

## SUMMARY OF BIRTH, INFANT MORTALITY AND DEATH RATES FOR THE PAST SIX YEARS

Year	Births	Infant Mortality	Deaths
1960	14.4	23.8	10.3
1961	14.3	21.5	10.6
1962	14.0	13.7	10.8
1963	15.4	13.9	10.7
1964	14.8	10.7	10.5
1965	15.0	13.9	9.2

## MORTUARY

The number of bodies received in Epsom Mortuary from 1st January to 31st December, 1965:—

For post-mortem examination and inquest ..	69
—	—
—	69
—	—

# ILLEGITIMATE BIRTHS

	1958	1959	1960	1961	1962	1963	1964	1965
No. of illegitimate births .. ..	30	26	29	35	25	53	33	45
No. of illegitimate deaths under 1 year ..	1	2	2	2	0	0	0	1
Illegitimate death rate .. ..	33.3	76.9	68.9	57.1	00.0	00.0	00.0	22.1

# COMPARATIVE STATISTICS—1965

	Rate per 1,000 Population Live Births	Rate per 1,000 (Total Live and Still) Stillbirths	Rate per 1,000 Population Deaths (All ages)	Rate per 1,000 Related Live Births Deaths (Under one year)	Neonatal Mortality (Under 4 weeks) Live Births
England and Wales .. ..	18.1	16.7	11.5	19.0	13.0
Esher .. ..	15.04	13.6	9.2	13.9	12.7



# NOTIFICATION OF INFECTIOUS DISEASE 1965

## AGE GROUPS

### DISEASES

	Total	Under														Over 65			
		1	2	3	4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75—84	85—94	95—104	105—114	115—124
Acute pneumonia ..	4	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	—	—	—
Dysentery ..	79	—	5	4	2	36	7	1	7	—	11	3	—	—	—	—	—	—	—
Erysipelas ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	864	21	92	134	121	410	20	2	1	1	1	2	—	—	—	—	—	—	—
Puerperal pyrexia ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	23	—	1	3	3	11	3	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—respiratory ..	9	—	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—
Tuberculosis—other ..	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Whooping cough ..	9	—	—	1	2	5	—	—	—	1	—	—	—	—	—	—	—	—	—

Total

16

## WARDS

	Total	Claygate	Cobham	East Molesey	Esher	Hinchley Wood	Long Ditton	Oxshott	Stoke D'Abernon	Stoke Ditton	Thames Ditton	West Molesey
Acute pneumonia ..	4	—	2	1	1	—	—	—	—	—	—	—
Dysentery ..	79	—	1	46	—	—	—	1	—	—	2	29
Erysipelas ..	1	—	—	—	1	—	—	—	—	—	—	—
Measles ..	864	81	91	134	100	102	29	70	2	2	39	216
Puerperal pyrexia ..	1	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid ..	1	—	1	—	—	—	—	—	—	—	—	—
Scarlet fever ..	23	—	4	1	3	—	—	10	1	1	1	3
Typhoid fever ..	1	—	—	—	—	—	—	1	—	—	—	—
Tuberculosis—respiratory ..	9	1	1	2	1	1	1	—	—	—	—	2
Tuberculosis—other ..	1	—	—	1	—	—	—	—	—	—	—	—
Whooping cough ..	9	6	2	—	1	—	—	—	—	—	—	—

Total

251

## NUMBER OF NOTIFICATIONS RECEIVED YEARLY DURING THE PAST FIVE YEARS

				1960	1961	1962	1963	1964	1965
Acute encephalitis	..	..	..	—	—	—	1	—	—
Acute poliomyelitis	..	..	..	—	1	1	—	—	—
Acute pneumonia	..	..	..	9	20	2	7	1	4
Diphtheria	..	..	..	—	—	—	—	—	—
Dysentery	..	..	..	38	2	13	34	19	79
Erysipelas	..	..	..	6	2	—	6	3	1
Food poisoning	..	..	..	5	—	—	—	—	—
Malaria	..	..	..	—	—	—	—	—	—
Measles	..	..	..	12	1,046	138	800	365	864
Meningococcal infection		..	..	1	—	—	—	—	—
Ophthalmia neonatorum		..	..	—	—	—	—	—	—
Paratyphoid fever	..	..	..	2	—	1	—	1	1
Puerperal pyrexia	..	..	..	—	—	—	—	—	1
Scarlet fever	..	..	..	15	11	6	35	28	23
Tuberculosis (all forms)		..	..	13	16	25	15	17	10
Typhoid fever	..	..	..	—	—	—	1	—	1
Whooping cough	..	..	..	43	29	12	27	26	9

## NOTIFICATIONS RECEIVED MONTHLY DURING 1965

Month	Acute pneumonia	Dysentery	Erysipelas	Measles	Puerperal pyrexia	Paratyphoid	Scarlet fever	Typhoid fever	Tuberculosis— respiratory	Tuberculosis— other	Whooping cough	Total
January	1	—	—	78	—	1	—	—	2	—	2	84
February	—	—	—	125	—	—	4	—	3	—	1	133
March	2	—	—	363	—	—	1	—	2	1	—	369
April	—	—	—	220	—	—	2	—	—	—	4	226
May	—	—	1	54	—	—	3	—	—	—	—	58
June	—	11	—	5	—	—	8	—	—	—	—	24
July	—	59	—	15	—	—	1	—	1	—	—	76
August	—	6	—	3	—	—	—	—	—	—	—	9
September	—	2	—	—	—	—	—	1	1	—	—	4
October	1	—	—	—	1	—	1	—	—	—	2	5
November	—	1	—	—	—	—	—	—	—	—	—	1
December	—	—	—	1	—	—	3	—	—	—	—	4
	4	79	1	864	1	1	23	1	9	1	9	993

## DIPHTHERIA IMMUNISATION

Number of children immunised for the first time during the year 1965:—

(a) Pre-school children (under 5 years)	..	..	733
(b) Between 5 and 15 years	..	..	13

Number of children given reinforcing doses during 1965: 2,114.

Total number of children immunised during last five years:—

(a) Under 5 years	..	..	..	..	..	6,060
(b) Between 5 and 15 years	..	..	..	..	..	6,605

## VACCINATION AGAINST SMALLPOX 1965

Analysis of Vaccinations of Children at Welfare Centres and Private Doctors' Surgeries:—

Primary Vaccination	..	..	..	..	..	676
Revaccination	..	..	..	..	..	50
						<u>726</u>

## IMMUNISATION AGAINST TETANUS

During the year 751 children were given courses of inoculations against tetanus at the parents' request.

In addition 2,133 children were given reinforcing doses to maintain their immunity.

## TETANUS IMMUNISATION

	AGE		
	At date of final injection		
	0-4 years	5-14 years	Total
Number of children who have completed a primary course of three injections whether single or combined during the year ended 31st December, 1965	733	18	751
Number of children who received a reinforcing dose	711	1,422	2,133

## WHOOPING COUGH IMMUNISATION

Number of children who have completed a primary course of 3 injections during the year ended 31st December, 1965, 733.

Number of children given a reinforcing dose, 451.



## POLIOMYELITIS VACCINATION

### PRIMARY COURSE

Number of Persons who completed a  
Primary Course of Treatment in 1965.

Age Group—Born in

1965	156
1964	499
1963	67
1962	30
1958-61	45
Others	107
	<hr/>
	904
	<hr/>

In addition 569 reinforcing doses were given during the year.

## TUBERCULOSIS

### Notifications

Respiratory Tuberculosis.

Nine cases of respiratory tuberculosis were notified during the year, viz:—8 males and 1 female. The corresponding figure for 1964 was 16.

Non-Respiratory Tuberculosis.

One new case of non-respiratory tuberculosis was notified during the year and there was no death from this cause. One case was notified in 1964.

## ANALYSIS OF CASES AND DEATHS FOR 1965

Age Periods			New Cases				Deaths			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M.	F.	M.	F.	M.	F.	M.	F.
0-4	..	..	—	—	—	—	—	—	—	—
5-14	..	..	—	—	—	—	—	—	—	—
15-24	..	..	2	—	—	—	—	—	—	—
25-44	..	..	2	1	—	1	—	—	—	—
45-64	..	..	4	—	—	—	1	—	—	—
65 and upwards			—	—	—	—	—	—	—	—
Totals	..		8	1	—	1	1	—	—	—

# TUBERCULOSIS

Year	Estimated population	New Cases			Deaths		
		Respiratory		Other	Respiratory		Other
		No.	Rate per 1,000 population	No.	Rate per 1,000 population	No.	Rate per 1,000 population
1935	38,350	25	0.65	2	0.05	15	0.38
1940	45,270	31	0.68	4	0.08	25	0.55
1945	44,060	41	0.93	11	0.24	22	0.49
1950	51,500	28	0.54	2	0.04	10	0.19
1955	53,630	24	0.44	7	0.13	3	0.05
1960	57,850	11	0.19	2	0.03	5	0.08
1961	60,490	14	0.23	2	0.03	2	0.03
1962	60,970	24	0.39	1	0.02	2	0.03
1963	61,010	13	0.21	2	0.03	3	0.04
1964	62,140	16	0.25	1	0.01	0	0.00
1965	62,470	9	0.14	1	0.01	1	0.01

# TUBERCULOSIS REGISTER

		Pulmonary		Non-pulmonary		Total	
Number of cases on register 1st January, 1965 ..		M.	F.	M.	F.	M.	F.
		85	67	4	11	89	78
New cases notified ..	..	8	1	—	1	8	2
Cases moved into district ..	..	1	—	—	—	1	—
TOTAL ..	..	94	68	4	12	98	80
Deaths from tuberculosis ..	..	1	—	—	—	1	—
Deaths from other causes ..	..	1	3	—	—	1	3
Removed from district ..	..	4	3	—	—	4	3
Recovered ..	..	9	8	2	—	11	8
TOTAL REMOVED FROM REGISTER ..	..	15	14	2	—	17	14
Number of cases on register 31st December, 1965 ..	..	79	54	2	12	81	66



## MASS RADIOGRAPHY SERVICE

### General Practitioners' Service

			Men	Women	Total
Number of patients referred	..	..	285	304	589
Cases of Pulmonary Tuberculosis	..		—	—	—
Cases of Lung Cancer	..	..	1	1	2
Public Mass Radiography Service	..	..	1,448	1,366	2,814
Cases of Pulmonary Tuberculosis	..	..	2	—	2
Cases of Lung Cancer	..	..	—	—	—

Employees of Esher Urban District Council referred by Medical Officer of Health—32.

## PERSONAL HEALTH SERVICES

From the 1st April 1965 the duties under Part III of the National Health Service Act, 1946, together with other functions, were delegated to the Esher Urban District Council under the Local Government Act, 1958.

The delegated health and welfare functions are:—

(a) *National Health Service Act, 1946:—*

Section 22—Care of Mothers and Young Children.

„ 23—Midwifery.

„ 24—Health Visiting.

„ 25—Home Nursing.

„ 26—Vaccination and Immunisation.

„ 28—Prevention of Illness, Care and After Care.

„ 29—Domestic Help.

(b) *Mental Health Act, 1959:—*

Care and after care of persons suffering from mental disorder (other than in residential accommodation).

(c) *National Assistance Act, 1948:—*

Section 29—Welfare arrangements for the blind, deaf, dumb and the physically handicapped persons.

„ 30—Voluntary organisations for the welfare of disabled persons.

(d) *Disabled Persons (Employment) Act, 1958:—*

Section 3—Provision of sheltered employment by local authorities.

(e) *Nurseries and Child Minders Regulation Act, 1948:—*

Registration and supervision.

*Care of Mothers and Young Children.*—Esher has a District Nursing Officer who is responsible for supervising the Health Visitors, District Nurses and Midwives.

Ante-natal and post-natal supervision is provided by general hospitals at Kingston, Guildford and Epsom, by general practitioners, by midwives, and at the three main local authority clinics.

Co-operation between the hospitals and the local clinics is satisfactory, and the midwives work closely with the responsible general practitioners.

In addition, regular relaxation classes and mothercraft sessions are held at the three main clinics, and are available to all expectant mothers. They are staffed by a State Registered nurse, who has been trained by the National Childbirth Trust, and are aimed at instructing the mother so that she will have the best chance of an easy confinement, and learn about care of the expected infant.

#### *Notification of Births—*

				M.	F.
Domiciliary	..	..	..	98	96
Hospital	..	..	..	311	307
Nursing Home	..	..	..	24	29
				<hr/>	<hr/>
Totals	..	..		433	432
				<hr/>	<hr/>

The following figures relate to work done at the local authority ante- and post-natal clinics:—

No. of women attended .. 147 excluding Midwives' Clinics.

No. of attendances .. .. 510 „ „ „

No. referred to hospital for social reasons, 19.

No. of requests for home conditions reports from hospitals, 193.

In addition to the above, the midwives hold their own weekly ante-natal session at the Molesey Clinic.

Early discharges from hospital are becoming increasingly frequent—the patient being admitted for the confinement and being discharged sometimes as early as 48 hours after the birth.

This system is often popular with mothers who are anxious not to be away from the home for too long, and it increases the turnover in hospital beds. However, it must put extra strain on the hospital staff, and the work is not so satisfactory to the midwife, who would much prefer to see the case through from confinement onwards. Care has to be taken that home conditions are suitable for such early discharges, and that the mother has adequate help available on her return. Very close co-operation between midwife and hospital is required in these cases so that, if necessary, the services of a home help can be obtained in good time.



*Maternal Mortality.*—There were no maternal deaths.

*Puerperal Pyrexia.*—One case was notified and occurred following confinement in hospital.

*Care of the Unmarried Mother and her Child.*—The arrangements for the care of the unmarried mother are undertaken by Social Workers of the following voluntary organisations:—

CHURCH OF ENGLAND:

*Outdoor Social Workers*—

Miss P. Clarke, 299, Ewell Road, Surbiton (covering Thames Ditton).

Mrs. D. G. Ross, The Institute, High Street, Leatherhead (covering Stoke D'Abernon, Cobham and Oxshott).

Mrs. T. Chappell, 5b, High Street, Addlestone (covering E. and W. Molesey, Claygate, Esher, Hinchley Wood and part of The Dittons).

ROMAN CATHOLIC:

*The Catholic Children's Society*—

Miss I. Connell, 19, South Close, Green Lane, Morden.

METHODIST:

*The Social and Moral Welfare Department of the Methodist Church*—

Sister Marjorie Lewis, Susannah Wesley House, Stoddart Place, Bishopsgate.

JEWISH:

*The Jewish Board of Guardians*—

Miss Singer, 74a, Charlotte Street, London, W.1.

The NATIONAL COUNCIL FOR THE UNMARRIED MOTHER AND HER CHILD—gives help, particularly with aliens—

Mrs. Crabbe, 255, Kentish Town Road, London, N.W.5.

In view of the multiplicity of agencies, all cases coming to the notice of this Department in the first instance are referred to the Medical Social Worker, who investigates the case and then passes it to the correct voluntary organisation.

In the same way, all cases referred to this authority for financial support are examined by the Medical Social Worker, who ensures that the County Council hostel at Dorincourt, Woking, is being used whenever possible, or that otherwise the recommended Mother and Baby Home is suitable in all respects. This authority is financially responsible for the cost of residence, which may be for two months before and two months after confinement.

During the year 12 cases were referred to this Department for financial support by the Society concerned.

*Child Welfare.*—Infant Welfare Sessions are held at the clinics at Molesey, Long Ditton, Cobham and Esher. In addition, sessions are held in privately owned accommodation in Claygate, Oxshott and Hinchley Wood. Altogether nine such sessions take place each week, when mothers can consult a doctor or health



visitor on the health and development of their infants and children under school age. Arrangements are made so that infants and children can be immunised against various diseases when attending the regular sessions.

At each clinic valuable assistance is provided by voluntary workers, who undertake various duties, including the sale and distribution of welfare and proprietary foods.

*Dental Care.*—Dental inspection and treatment is offered by the Council's School Dental Officers, who devote part of their time to this work. The service is provided at the dental clinics at Molesey and Cobham, and will be available at Giggs Hill Green when the new centre has been built.

During the year 11 mothers and 106 children under 5 were inspected and given any treatment required.

*Audiological Service.*—Defective hearing in infants must be diagnosed early if retardation is to be prevented. All Health Visitors have been trained in the use of special methods of testing hearing. Every effort is made to have all babies "screened" in this way as soon as possible after reaching the age of 7 months. Where the child is thought to have defective hearing, or there is any doubt, the child is referred to the County Audiologist, who has the assistance of an Audiometrician, and is able to provide hearing aids and any training and guidance for the parent. The audiologist holds sessions at the clinics at Molesey, Cobham and Esher as required.

17 children under 5 years of age were seen at these sessions during the year.

*Care of Premature Infants.*—All infants weighing less than  $5\frac{1}{2}$  lb. at birth are classified as premature. When born at home they are transferred to hospital unless the doctor and midwife are satisfied that conditions in the home are entirely satisfactory.

When infants are born prematurely in hospital, the Health Visitor is informed before discharge in order that close supervision can be maintained.

During the year 41 infants were born prematurely (2 at home and 39 in hospital), and of these 34 survived for over 28 days.

## MIDWIFERY

Under the scheme of delegation the County Council remains the "local supervising authority," but this Council is responsible for ensuring that the maternity services are adequate for the needs of the area.

Esher employs one whole-time midwife and 7 whole-time and 1 part-time District Nurses/Midwives. All are qualified and com-

petent to administer inhalation anaesthesia, and all are kept informed of modern methods and techniques by being sent on refresher courses at regular intervals.

In addition to undertaking confinements, the midwives act as maternity nurses to doctors who conduct their confinements, and in respect of cases discharged from hospital before the tenth day.

The following is a summary of the work of the domiciliary midwives during the year:—

Confinements attended:—

By midwife only	..	..	..	..	106	} Total 194
By midwife and doctor	..	..	..	..	88	
Inhalation analgesics administered	..	..	..	..	174	
Ante-natal visits made	..	..	..	..	2,184	
No. of early discharges	..	..	..	..	136	
Percentage of babies born at home	..	..	..	..	22.4 per cent	

## HEALTH VISITING

There are 9 general Health Visitors, who are based in the Council's clinics, and who work in adjacent areas of the district. They devote about 80 per cent of their time to the health and welfare services, and the remainder to the school health service. Their work is almost entirely preventive, and their chief function is to visit and get to know the mothers in their homes and to advise on every aspect of positive health.

In addition, they play their part at the infant welfare sessions in their own clinics, and continue their efforts to impart knowledge to the mothers through interviews, mothercraft classes and health propaganda.

The Health Visitors have gradually become more responsible for the welfare of the family as a unit. They are expected to advise on the prevention of spread of infections or contagious disease in the home, and on the management of any illness which may occur in the family. They are trained to recognise the early signs of mental ill-health and take appropriate action. They are frequently concerned with family problems, which they must try to alleviate and prevent deterioration, which could lead to the break-up of the family.

They are also responsible for the welfare of the elderly and pay particular attention to those who are alone or are in poor health. They supervise the well-being of sub-normal children, and female sub-normal adults.

The following cases were visited during the year:—

Infants under 1 year	..	..	..	..	861
Children aged 1-5 years	..	..	..	..	3,482
Mentally sub-normal	..	..	..	..	41
Persons over 65	..	..	..	..	396



## HOME NURSING

Esher employs 14 whole-time district nurses, of whom 7 undertake the combined duties of district nurse/midwife. Each has her own district, but for convenience of administration they work in "groups" relieving each other for off duty times. In addition, there are 3 part-time nurses doing regular work and able to increase their hours as required, to cover holidays and sickness.

They work under the general practitioners, who contact them direct when they require their services for a patient.

About 70 per cent of the time of the district nurses is spent assisting the elderly and the chronic sick.

The following is a summary of their work:—

Number of patients attended	.. ..	1,430 (737 aged 65 and over)
Total number of visits paid	.. ..	41,591

Two part-time nursing auxiliaries were employed to assist the district nurses with their routine work. They are women who are not State Registered, but who have obtained a knowledge of nursing either through hospital or through one of the voluntary organisations. They work under the supervision of the district nurse and are most usefully employed in carrying out such routine duties as weekly bathing.

## PREVENTION OF ILLNESS, CARE AND AFTER CARE

### TUBERCULOSIS

#### (a) *Chest Clinics*

Residents of the Esher Urban District attend the Chest Clinic located at Kingston Hospital for diagnosis, treatment and supervision. The Consultant in charge also has control of beds at Tolworth Hospital and can arrange admission when required.

His staff includes a Chest Clinic Almoner, who attends to the social side of the patients, arranging for free milk and other supplements, and a T.B. Health Visitor, who supervises the patients at home and ensures that all family contacts are properly investigated. Esher, Kingston and Richmond pay the salaries of these officers on a proportional basis.

As tuberculosis becomes more and more under control an increasing amount of the work undertaken at these clinics is with non-tuberculous chest cases, especially chronic bronchitis and lung cancer.

The Chest Clinic has a Voluntary Care Committee for raising funds, which are supplemented by the local authorities in the Clinic area. This money is used to assist patients to obtain extra food, clothing, bedding, fares, etc., with a view to relieving them of financial worry, which can be a potent factor in delaying recovery.



(b) *B.C.G. Vaccination*

B.C.G. vaccination of family contacts, infants known to be at risk, and hospital nursing staff, is undertaken by the Chest Physicians, who also investigate children found to react to the tuberculin test carried out in 13 year old school children by your School Medical Staff.

(c) *Ancillary Services*

*Holidays.*—Beach chalets are hired by the Standing Conference of Care Committees to provide holidays for a number of families, and Sheephatch School, provided by the County Education Committee, accommodates child contacts for two weeks in the summer period.

*Occupational Therapy.*—The County Occupational Therapy Unit employs trained staff who will visit the patient's home and provide all necessary instruction and materials for suitable therapy.

*Free Milk.*—On the recommendation of the Chest Clinic Almoner milk can be provided free to patients during the period of recovery.

The cost in respect of local residents is borne by this authority.

## THE AGED AND CHRONIC SICK

Care of the aged and the chronic sick becomes an ever increasing problem. To be effective it requires close co-operation between the various departments of the local authority, the hospital geriatric staff and voluntary organisations. Esher district is well to the fore in this work in that there is a well-established voluntary Old People's Welfare Council, financially assisted by the Urban District Council, which does much to co-ordinate the various activities and has available a mini-bus in which the elderly can be transported to Clubs and Clinics, and on pleasure outings.

In addition, this Authority's House Mother Schemes are unrivalled in any part of the country. Each provides up to 40 self-contained units, which have been thoughtfully designed and are easily maintained by the elderly occupants. The House Mother watches over the tenants, assists them when necessary and calls for assistance in any emergency.

This Authority has also provided bungalows for the elderly in various parts of the district, some of which have been specially adapted to suit the needs of those who are physically incapacitated.

An inevitable complication is that the elderly residents in time become unable to care for themselves, and they become an unfair burden on the House Mother because of the long waiting period before they can be admitted to residential accommodation provided by the County Council. In order to deal with this problem there is a growing need for a small unit of residential accommodation to be established locally and provided for this purpose.

### *Home Nursing*

The District Nurses spend about 70 per cent of their time in providing general nursing care to old people. When visiting regularly they are in a position to call in medical assistance in case of need, and support from the local authority and voluntary organisations as appropriate.

### *Health Visiting*

The general Health Visitors have responsibilities towards the older members of the families in their districts. However, their case loads are heavy; their primary responsibility is to the mothers and children, and they do not have time to seek out and supervise all the elderly.

In the southern part of the district a special Health Visitor devotes half her time to geriatric work. Since the 1st April her case load has increased to more than 200 elderly persons, who appreciate help and supervision. In addition, she has started and maintained a Screening Centre for the Elderly, which is held at Cobham Clinic and takes place on an afternoon each week. At this Clinic elderly people are encouraged to attend; attention is paid to their general health, including weight and nutrition. Their sight is tested and, if necessary, arrangements are made for them to be supplied with spectacles. Their hearing is tested by an audiometrician and, when appropriate, they are referred to hospital for the provision of a suitable hearing aid. In addition to these facilities, the Clinic provides the services of a chiropodist and of a physiotherapist. It is designed to help the local doctors with the care of their elderly patients, and no action, such as reference to hospital or application of physiotherapy, is carried out without the doctor's consent. If any medical condition is found which is thought to require treatment, the patient is referred back to his own doctor.

A similar Old People's Screening Centre is held weekly at Esher Clinic and is making slow but steady progress.

There is no doubt that the employment of a Health Visitor specifically for work amongst the elderly is of great value, and it is hoped that an additional half-time Health Visitor will be appointed to cover the northern half of the district, and to be responsible for organising a third Screening Clinic at the Forum, West Molesey.

### *Prevention of Break-up of Families*

In every district there is a number of families who for various reasons, such as physical ill-health amongst the parents, mental ill-health, mental sub-normality, character deficiencies, etc., who are unable to conform to the normal behaviour of the community and who create for themselves great problems, which may ultimately lead to eviction from the home and break up of the family.



The general Health Visitors are trained to observe the early signs of such anti social behaviour and do their utmost to advise and remedy the troubles in good time, with a view to preventing serious problems at a later date. When they find that the problem is becoming one which requires continuous and prolonged case work, they then refer it to the Medical Social Workers.

The Council employs two part-time qualified Medical Social Workers, who devote their time to preventing the break-up of such families. The work requires great patience and is very time consuming. In some cases the situation is beyond repair and the family becomes dispersed. On the other hand, in a fairly high proportion of cases, with intensive work, deterioration is prevented and after a usually lengthy period conditions begin to improve. The object is to keep families together and to prevent the need for children being taken into care. There is a limit to the number of cases that the Medical School Workers can take on, and, in fact, with the present establishment, they are already overburdened. In order to get over this difficulty they co-operate very closely with the general Health Visitors, and act for them in a consultant capacity. They also liaise very closely with the Officers of the Children's Department and with other Officers concerned, and with appropriate voluntary organisations.

The following is a brief summary of the work undertaken by the Medical Social Workers during the year under review :—

No. of families notified as at risk .. .. .	39
No. of children in these families .. .. .	141
No. of families receiving attention by Medical Social Workers	20
No. of families in receipt of special attention and support solely by Health Visitors, with consultative and advisory help from Medical Social Workers and other agencies .. .. .	11
No. of Case Conferences held by Medical Officer .. .. .	10
No. of families sent for training to Frimhurst and other institutions .. .. .	Nil
No. of children in care for reasons of family failure or other reasons .. .. .	2
No. in Part III accommodation for family failure or other reasons	Nil

### *Recuperative Holidays*

Under the Council's recuperative holidays scheme patients who have been ill, either at home or in hospital, can be provided with a recuperative holiday on the recommendation of their general practitioner or hospital medical officer. Similar recuperative holidays can be provided for mothers and young children under Section 22 of the National Health Service Act, 1946, and for school children under the Education Act, 1944.

During the year recuperative holidays were provided for 17 persons.



## *Chiropody*

Under the council's scheme chiropody is provided for the elderly, the physically handicapped and expectant mothers.

Under the direct scheme there is a panel of qualified and approved chiropodists to whose surgeries the above can go for chiropody treatment. In addition, the Council has the part-time services of a chiropodist who undertakes a weekly session at the Care Centre for the Elderly at Cobham, and attends from time to time on a sessional basis at three of the Council's House Mother Schemes. He also undertakes domiciliary visits to patients who are unable, through infirmity, to visit the surgery or the Clinic.

Under the indirect scheme, chiropody sessions are provided by voluntary organisations, there being five sessions a quarter organised by the British Red Cross Society at the Cobham Village Hall, and a monthly session at Oxshott organised by the O'Brien Club.

A charge of 3s. is made for each chiropody treatment through either scheme, and the treatment can be given free to those who are in receipt of National Assistance or who are unable to afford the charge.

Details of treatment given during 1965 under both the direct and indirect Council schemes are set out below:—

Category	No. of Patients Treated	Total No. of treatments given Club or Surgery	Domiciliary
Expectant Mothers .. ..	Nil	Nil	Nil
Handicapped Persons ..	20	120	49
Registered Blind or Partially Sighted .. ..	7	2	46
Elderly Persons .. ..	278	277	626

## *Health Education*

Health education is very much part of the normal duties of the general Health Visitors. On visiting the homes they advise mothers on matters relating to health and to home safety. In the Clinics they give talks on mothercraft, and in the schools they talk particularly to older pupils on hygiene and matters relating to sex education. Displays of posters and pictures are arranged at the various Clinics with the object of making an impact on those who attend and, in addition, the staff of the Health Department give talks on various health matters to organisations in the district.

A great deal of valuable work is continuously carried out in this way, but with existing staff it is not considered to be sufficiently co-ordinated. It is hoped that next year a Health Visitor with a liking for this work, and with the ability to carry it out and to co-ordinate it throughout the district, will be appointed specifically for this purpose.

## DOMESTIC HELP

The Council's scheme provides for "domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or is a child not exceeding compulsory school age." The function of the home help is to carry out the normal domestic duties of the housewife.

In April 1965 it was found that difficulty had been experienced in engaging staff locally, and an arrangement was in being whereby home helps living closer to Kingston were being sent for this work into this district. For some months the London Borough of Kingston upon Thames helped very materially by continuing this service. Every effort was made to engage additional local helps, and in spite of difficulties, the number gradually increased. There remains, however, a shortage and it is intended at some time in the future to make arrangements so that helps can be transported from one part of the district to the other. By the end of the year 20 part-time helps were employed, equivalent to 10.04 full-time home helps. In spite of this rather small staff, most valuable work was carried out on behalf of those who required it.

The following is a summary of cases attended during the year:—

Home Help to Households for Persons						
No. of Cases	Aged 65 or Over on First Visit in 1965	Aged Under 65 on First Visit in 1965				Total
		Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
1.1.65—31.3.65	—	2	—	25	2	29
1.4.65—31.12.65	122	15	3	54	23	217
Total	122	17	3	79	25	246

### *Neighbourly Help Scheme*

In 1961 the Home Help Service was extended by the introduction of the Neighbourly Help Scheme. Under this scheme neighbours who are willing to assist old people living alone, or other suitable cases, by visiting them frequently during the day, carrying out such jobs as preparing meals, lighting fires, doing shopping, etc., can be given a weekly payment, which varies between 10s. and £3 10s. 0d. according to the amount of time devoted. This scheme has been of very great assistance, and during the year provided help for 23 cases.



## MENTAL HEALTH SERVICES

Under the Mental Health Act 1959 the importance of the care of the mentally ill, or mentally sub-normal, within the community, was stressed.

The needs of residents of this district are covered by a team of appropriately qualified officers, who are based at Ashley House, Epsom. The team consists of an Area Mental Welfare Officer and five Mental Welfare Officers. They cover an area which includes Banstead, Epsom, Leatherhead and Esher. Each is responsible for statutory duties concerned with the admission to hospital of mentally ill patients under the various sections of the Act and, in addition, they are also responsible for the after-care of persons within the community who have been mentally ill. Patients who have had treatment in hospital and who are discharged home, are notified to them. They visit and endeavour to develop a good relationship, provide any assistance and help with employment that they may need, and maintain supervision until such time as the patients can be considered completely cured. At the end of the year 74 patients in Esher were being visited at home.

The following table sets out the numbers of patients admitted to Brookwood Hospital in 1965:—

Mental Health Act, 1959				Male	Female	Total
Informal	..	..	..	1	7	8
Section 29	..	..	..	7	8	15
Section 25	..	..	..	—	2	2
				—	—	—
				8	17	25
				—	—	—

### *Sub-normality and Severe sub-normality*

Investigation and ascertainment of all cases of sub-normality is undertaken by one of the Specialist Medical Officers on the staff of the County Council. In addition, much help is obtained from hospitals which specialise in these conditions. These hospitals are also often most helpful in arranging short-term placements in cases of emergency or to allow relatives to take a holiday.

The Health Visitors supervise the welfare of sub-normal children up to compulsory school-leaving age, and also adult female sub-normals. Adult male sub-normals are visited by the Mental Welfare Officers.

### *Training Centres*

The purpose of the training centre is to help those who are sub-normal to develop in mind and body to the utmost of their capacities. The object is not only to train the sub-normal so that he is readily acceptable within the community, but, in addition,



to make him capable of carrying out useful tasks and, in fact, to earn a living. From a training centre a sub-normal may progress to a sheltered workshop or even to open industry.

At the 31st December 1965 there were 130 sub-normal children and adults under the care of this authority, and the following table refers:—

	Sub-normal		Severely Sub-normal		Totals	
	M.	F.	M.	F.	M.	F.
No. of patients under local health authority care at 31.12.65 .. ..	40	30	31	29	71	59
Attending day training centre ..	6	1	1	4	7	5
Resident in residential training centre	1	—	—	—	1	—
Receiving home training .. ..	—	—	1	1	1	1
Receiving home visits .. ..	19	20	5	7	24	27
Others not yet visited .. ..	1	—	—	—	1	—
Resident in Botleys Park .. ..	4	—	10	12	14	12
Resident in other homes .. ..	1	5	2	5	3	10

### *Residential Accommodation*

Local Health Authorities are urged to provide residential accommodation for various categories of patients. As regards the mentally ill, those who have had hospital treatment could often be discharged earlier if they could be transferred to a hostel where they would get support and some protection from the outside world before returning home. No such hostel has yet been provided in Esher by the Local Health Authority, but the Richmond Fellowship has done so at Croft House, East Molesey. This is supported financially by the County Council, and suitable cases have been admitted with encouraging results.

In the case of sub-normals, the general policy is that they should live at home with their families. Where this is not possible they may be admitted to hospital or a hostel, or to suitable lodgings. There is no special accommodation of this sort in the Esher district, but a home for thirty or forty sub-normal females is to be built at West Molesey and is included in the County Development Plan for 1966-67.

## WELFARE SERVICES

On the 1st April 1965 the Council assumed responsibility for the delegated welfare services (other than the provision of residential accommodation) for the following categories:—

- (a) Blind.
- (b) Deaf.
- (c) Physically Handicapped.
- (d) Aged.

(a) *Blind and Partially Sighted Persons*

A Home Teacher/Visitor for the Blind devotes two-thirds of her time to the general welfare of registered blind and partially sighted persons of all ages. She also represents the Surrey Voluntary Association for the Blind who give financial assistance to the registered blind by providing holiday grants, Christmas gifts, radio repairs, miscellaneous grants, and by ensuring the sale of handicrafts. The Association also maintains a residential hostel at Camden House, East Molesey. Other services are available to the registered blind, such as holiday homes, more tax relief, higher National Assistance, postal voting, travel concession tickets, radios provided by the British Wireless for the Blind Fund, wireless licence exemption certificates, guide dogs, and special equipment such as white sticks from the Royal National Institute for the Blind. Blind and partially sighted persons can benefit from visual aids, special education, help with rehabilitation training and employment, large print books, braille and moon books, and talking book machines to those who cannot see to read print.

In Surrey, Social Clubs are run by local voluntary committees and handicraft classes are organised by home teachers. Although there is no provision for either of these in the Esher area, people are encouraged to attend those nearby.

The chief aims of the blind welfare service are to help and teach blind people to become as self-reliant and independent as possible and to see to the general welfare of all, especially those who, in addition to their blindness, suffer from illness, other disabilities and old age, and need extra care and attention.

The following tables show the number of persons in the district who are registered as blind or partially sighted, together with their age distribution:—

				Blind		Partially Sighted		
				M.	F.	M.	F.	
No. on register at 31.12.65	..	..	..	29	51	3	15	
No. added to register	..	..	..	8	10	2	13	
No. removed from register	..	..	..	2	8	1	5	
No. of visits made	..	475						
No. of visits to others	..	10						

Age Group				New Cases Registered			Total Registered Blind Persons		
				M.	F.	Total	M.	F.	Total
1—4	..	..	—	—	—	—	—	—	—
5—15	..	..	—	—	—	—	—	—	—
16—49	..	..	—	—	—	—	8	8	16
50—64	..	..	—	2	2	2	7	7	14
65—84	..	..	1	2	3	3	11	24	35
85+..	..	..	2	1	3	3	3	12	15
				—			—		
				8			80		
				—			—		



*(b) The Deaf and/or Dumb and the Partially Hearing*

The Council provides the services of a part-time Social Welfare Worker to assist residents who come into this category.

The Royal Association in Aid of the Deaf and Dumb provides for the spiritual needs of the totally deaf; the Middlesex and Surrey League for the Hard of Hearing are agents for the County Council, and provide social clubs for the hard of hearing.

The Social Worker maintains a Register of Deaf and Dumb persons, visits them in their homes, gives assistance regarding employment and family problems, and acts as interpreter in hospitals, courts, etc. She also attends a club for the youthful deaf and dumb in Surbiton and a Darby and Joan Club in the same district. The members make their own arrangements for transport.

In addition, she assists the hard of hearing with problems in respect of their hearing aids.

On the 31st December 1965 the register contained the names of 11 deaf and dumb residents (7 men and 4 women). In addition, there are 5 children attending special schools. The Social Worker visits during the school holidays, gets to know the children and parents and gives advice regarding future employment.

*(c) The Physically Handicapped*

The Council has an establishment for a whole-time Social Worker but during the year was only able to obtain the services of a half-time officer. The following table sets out the number of persons registered on the 31st December, 1965, and the number added during the year:—

No. on register at 31.12.65 .. .. .	171
No. added to register .. .. .	49
No. removed from register .. .. .	11
No. of visits to patients .. .. .	224
No. of visits to others .. .. .	37
No. of patients supplied with aids .. .. .	49

The Social Worker is able to provide various "aids," which play an important part in making life easier for those who are physically handicapped. She is also able to arrange for adaptations to private dwellings when these are required in the interests of the patients. This work is carried out in co-operation with officers on the staff of the District Surveyor.

In addition, benefits available to other categories, such as holidays, attendance at clubs, occupational therapy, etc., are obtained through the Social Worker.

I would emphasise, however, that the above are routine duties, and that the primary function of the Social Worker is supportive "case work." She becomes a friend of the family, willing to



assist in every possible way and aiming all the time at helping the patient and family to learn to live happily with the disability and to lead a full life, both spiritually and physically. A prominent aspect of the work is concern for those who are nursing the patients; they are usually under prolonged strain, and if they break down the situation of the entire family can become very grave.

#### *(d) The Aged*

The statutory services provided for elderly persons have been described in the section dealing with "Care and After Care." In recent years there has also been a steady increase in the welfare facilities provided by voluntary effort for older people, as well as for those who are handicapped by some physical disability.

### VOLUNTARY SERVICES

#### *Meals on Wheels*

The W.V.S. provide this service to cover the needs of elderly and disabled residents living in the northern part of the district. Hot meals are delivered on Mondays, Wednesdays and Fridays, and the standard charge of 1s. 9d. can be reduced or waived in special cases. During the year nearly 10,000 meals were prepared in the kitchen provided by the Old People's Welfare Council, and were delivered to those in receipt of the service.

This is a service which does an immense amount to preserve the health and well-being of those who are frail or infirm, and the volunteers who work tirelessly throughout the year deserve great credit.

The British Red Cross Society provide a smaller but growing service for the residents of Cobham, Stoke D'Abernon and Oxshott. During the year nearly 1,500 meals were prepared and transported to the homes of the recipients.

Both services are subsidised by the Esher Old People's Welfare Council.

#### *Clubs*

Numerous clubs are provided throughout the district by local voluntary organisations. They are chiefly for those who are "mobile" and able to attend without assistance, but, in addition, many of them make arrangements so that those who are unable to make the journey through infirmity or other handicap can be transported to and from the Club.

The British Red Cross Society organise a Club for the Physically Handicapped, which is held in King George's Hall, Esher, every month. A high proportion of those who attend are transported. The Club provides an excellent opportunity for members to make friends and to take part in various activities and occupations.

The Council's Social Worker for the Physically Handicapped finds that, through this Club, she is able to maintain contact with many of those who are on the register.

### *Home Visiting Service*

This operates throughout the district with the encouragement of the Old People's Welfare Council. The scheme is entirely voluntary and comprises an organiser in each locality and a group of visitors.

Visitors alleviate the loneliness of those who live alone, and inform them of facilities available. They are in a position to call upon the statutory services when they appear to be required, and for medical aid in case of need.

### NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Under this Act the Council is responsible for the registration and supervision of day nurseries and of persons who, for reward, receive children into their homes to look after them.

At the end of this year the following number of premises and persons were registered:—

	No. Registered	No. of Children Provided For
Premises .. ..	5	160
Child Minders .. ..	16	178

## **PART II**

### **School Health Service**





# STAFF EMPLOYED IN SCHOOL HEALTH SERVICE MEDICAL, DENTAL AND HEALTH VISITING STAFF AS AT 31.12.65

## School Medical Officer

DR. E. PEREIRA, M.B., B.S., D.P.H.

## Assistant School Medical Officers

DR. A. R. PARK, M.B., B.Ch., B.A.O., D.P.H. (Full-time)

DR. E. V. FRASER, M.B., B.S. (Sessionally employed)

DR. D. M. DUCKER, M.B., B.S. (Sessionally employed)

## School Dental Surgeons

MRS. A. W. CLEMENT, L.D.S., R.S.P.S. (Full-time)

MR. A. J. C. McINTOSH, L.D.S., R.C.S. (Part-time)

## District Nursing Officer

MISS J. M. COLE, S.R.N., S.C.M., H.V.

## Health Visitors

MRS. M. ARTHUR (Part-time)

MISS P. BATES

MISS J. DICKS

MRS. J. FACKRELL (Part-time)

MRS. Y. LWIN

MISS A. V. NORMAN

MRS. P. RILEY

## Physiotherapist

MRS. B. LOE (Sessionally employed)

## School Nurse (S.R.N.)

MRS. J. M. BANDY (Part-time)

## Dental Attendant

MRS. E. M. LANCASTER

## 1. POPULATION AND SCHOOLS

### (a) *Maintained Schools*

The maintained school population of the area at the end of 1965 was as follows:—

Primary ..	..	..	..	..	..	..	3,987
Secondary ..	..	..	..	..	..	..	2,989
							<hr/>
Total ..	..	..	..	..	..	..	6,976

The number of Primary and Secondary Departments in the area on the 31st December 1965 was:—

Secondary ..	..	..	..	..	..	..	5
Primary ..	..	..	..	..	..	..	15
							<hr/>
Total ..	..	..	..	..	..	..	20

### (b) *Independent Schools*

Independent schools may make application for school medical and dental inspection to be made available to their pupils. In the Esher district three such schools (St. Joseph's Convent, Emberhurst School and Milbourne Lodge Senior School) have so far made such applications:—

No. of Pupils—							
Primary ..	..	..	..	..	..	..	214
Secondary ..	..	..	..	..	..	..	100
							<hr/>
Total ..	..	..	..	..	..	..	314

## 2. MEDICAL INSPECTION

### (a) *Routine Medical Inspection*

The systematic Routine Medical Inspection by age groups is undertaken in the area as follows:—

Primary	{ (i) On entry (ii) During year in which age 8 is reached }						Complete Medical Examination
	{ (iii) On entry (iv) During year in which age 13 is reached (if more than a year from last routine inspection) }						Ditto Eye Test Only
Secondary	{ (v) During year in which age 15 is reached (vi) During year prior to leaving school (if more than one year after last routine inspection) }						Complete Medical Examination

Children are also inspected at any time at the request of the parent or head teacher.



1,728 children were examined at Routine Medical Examinations during the period: Parents were present for 992 of these examinations.

*(b) Special and Re-examinations*

Children who may be potential handicapped pupils, either physically or mentally, are supervised and followed up more regularly, and children who are receiving treatment or recommended for treatment are reinspected.

*(c) General Physical Condition*

The general physical condition of a pupil examined at a Routine Medical Inspection is determined by the personal assessment by the Inspecting Medical Officer.

Of the 1,728 pupils inspected at Routine Medical Inspections, 1 child was found to be unsatisfactory in general physical condition.

*(d) Cleanliness*

During 1965 Health Visitors visited schools in the area for the purpose of cleanliness inspections. 2,141 pupils were examined and 39 were found to be infested.

*(e) Infectious Diseases*

496 cases of infectious disease occurred amongst school children. These are set out in the appropriate table, and it will be seen that measles and dysentery accounted for 446 cases. Apart from these two diseases the incidence was very light.

### 3. DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

The following table shows the percentage of defects found at Routine Medical Inspections during 1965:—

Number of pupils examined .. .. .	1,728
Number of pupils found with defects for treatment	209
Percentage of pupils in need of treatment .. ..	12.1 per cent
Number of defects requiring observation .. ..	1,184
Number of defects requiring treatment .. ..	514

### 4. TREATMENT OF DISEASES AND DEFECTS

*(a) Attendance at School Clinics*

General Medical Clinics are provided at which a school child can consult a doctor regarding any disability. Minor ailments are treated at such clinics, but if anything is found which is more serious

the child is referred to his own general practitioner or to a specialist with the general practitioner's consent.

These clinics are also used for following up defects found at routine medical inspection, or for continuing investigation of such defects.

Medical examinations of adults for employment and for admission to teacher training colleges are also undertaken.

For details of attendances at School Clinics see Table E.

### *(b) Ophthalmic Clinics*

The Molesey and Cobham Clinics are both equipped to enable an ophthalmic surgeon to undertake the examination of the eyes of pupils who appear to have defective vision. The work of the Eye Clinics is set out in Table F.

Children living in Esher, Hinchley Wood and the Dittons are not well served in this respect. There is need for a Clinic at Esher, and one will be established in the proposed Clinic at Giggs Hill Green. In the meantime they obtain treatment at the various Medical Eye Centres in the district.

### *(c) Remedial Exercises*

At medical inspection some children are always found to be suffering from minor orthopaedic defects, such as flat feet, knock knees, faulty posture, flattened chest, etc. If these conditions are noted early enough much can be done to improve them, and by teaching breathing exercises children suffering from asthma can be considerably helped.

Remedial Exercise Clinics are provided at Cobham, Esher, Long Ditton and Molesey, and are in charge of a qualified physiotherapist. For details of attendances see Table G.

### *(d) Routine Audiometry and Hearing Defect Clinics*

The routine testing of hearing of school children age 6-7 years is carried out separately by the Council's Audiometrician as part of the routine medical inspection.

Each child is tested individually and an audiogram constructed for those with significant hearing loss. Children failing the tests are followed up and examined by an Assistant Medical Officer. Where necessary they are referred for the opinion of the Special Audiology Clinic or to the hospital services after consultation with the general practitioner concerned.

See Tables H and I.



## 5. SPECIAL FORMS OF TREATMENT

### (a) *Child Guidance*

On the 1st April, 1965, the Malden Child Guidance Clinic, 163, Kingston Road, New Malden, was taken over by the London Borough of Kingston. A number of school children resident in the Esher Urban District were under the care of this Clinic, and there was no alternative Clinic conveniently situated to which new cases could be referred.

The Malden Clinic was seriously overloaded, but in spite of this the Medical Director, Dr. B. G. Anscombe, agreed to continue to care for those already under treatment or investigation, and to accept all new cases referred by the Court, and all other urgent cases, until such time as other arrangements could be made.

Through the helpful co-operation of the Medical Director the service was thus maintained at a satisfactory level. At the 31st December, 1965, there were 33 cases on the books of the Clinic, and of these 13 were receiving treatment.

### (b) *Speech Therapy*

This work is undertaken by Speech Therapists at the Clinics at Molesey, Long Ditton, Esher and Cobham. It is of great importance that defects of speech should be discovered and treated with as little delay as possible. Treatment is often prolonged and only six or seven children can be provided for in one session. Waiting lists at Molesey, Esher and Long Ditton are building up and increased facilities will be required in the near future.

During the year 53 cases were under treatment at the various Clinics.

### (c) *Special Audiology and Hearing Defect Therapy Clinics*

In addition to the routine screening for hearing defects at infancy and the routine audiometry of school children at 6-7 years, the County Council have appointed a Specialist Audiologist to supervise and co-ordinate the medical services for children with hearing and speech defects.

Dr. Beet, the County Audiologist, conducts a special clinic at which the peripatetic Teacher for the Deaf attends and to which all children with any hearing defect are referred. This is held at the Esher Clinic on an average once a month, and during the year 23 children were referred.

Found to have normal hearing .. .. .	15
Found to have impaired hearing needing a hearing aid ..	1
Found to have impaired hearing but not needing a hearing aid ..	3
Those remaining under supervision not fully assessed at the end of the year .. .. .	4

### (d) *Convalescent Treatment*

The Council's scheme provides for free convalescent home treatment in respect of any pupil attending a school, or educational establishment maintained by the Education Authority, or attending an independent school for which school health service facilities have been made available. Pupils may be recommended for such treatment by School Medical Officers up to a period of four weeks.

During the year 1965 one pupil received convalescent treatment under this scheme.

## 6. DEATHS OF SCHOOL CHILDREN

During the year 3 deaths of school children were reported. One was a boy aged 11 who was killed in a road accident, another was a girl aged 8 who suffered from a degenerative condition of the brain, and the third was a 16 year old girl who developed a cerebral tumour.

## 7. DENTAL INSPECTION AND TREATMENT

The following table shows the number of children who were examined by the Dental Surgeons at Routine and Special Inspections, and the number referred for treatment during the year.

Number inspected	..	..	..	..	..	..	..	6,627
Number found to require treatment	..	..	..	..	..	..	..	3,957
Number treated	..	..	..	..	..	..	..	3,812

## 8. EMPLOYMENT OF CHILDREN

30 children were examined by School Medical Officers during the period to ascertain their fitness to undertake part-time employment. All were fit for such employment.

Two children were examined during the year to enable them to take part in entertainment, and were found to be fit.

## 9. IMMUNISATION

As a result of the Council's immunisation scheme the great majority of children enter school at age 5 adequately protected against diphtheria, whooping cough, tetanus and poliomyelitis.

When routine medical inspections are arranged the state of immunity is checked and provision is made for any booster doses that may be required. Such reinforcing doses become due at ages 5 and 9 and they are generally given by a Medical Officer who visits the schools. Provision is made for those who are absent to attend a nearby clinic.



B.C.G. vaccination against tuberculosis is offered to children who are in their 12th year. Unfortunately it was not found possible to carry this out until January 1966.

Figures relating generally to the immunisation scheme are set out in the section concerned with Environmental Health.

## 10. HANDICAPPED PUPILS

A very important part of the work of the School Health Service is the early ascertainment of children who have physical or mental defects.

The general policy is that wherever possible a child shall be educated in an ordinary school. When the handicap is such that special education is considered essential, the case must be very carefully assessed with, if necessary, assistance from experts in the particular field.

Where special education in a day school is considered suitable, the case is referred to the District Education Officer, who makes the necessary arrangements, including the provision of transport.

Admission to residential special schools is arranged by the Chief Education Officer at County Hall.

Table V shows that there were 161 children on the Handicapped Pupils Register at 31st December 1965.

## 11. PROMOTION OF HEALTH

### (a) *Health Education in Schools*

The Health Visitors, in their capacity as School Nurses, are continuously advising pupils and parents on matters of health and hygiene.

In addition, certain Health Visitors have provided courses of advice and instruction for the older girls in the secondary schools.

The question of health education generally in the district is under consideration and it is hoped that a more extensive programme will be arranged next year.

### (b) *Sanitary Inspection of School Premises*

The standard of hygiene generally in the schools is good. In some cases, because of old buildings or unavoidable overcrowding, the staff work under difficulties.

A start has been made by the Chief Public Health Inspector in getting out detailed surveys of the sanitary condition of each school. All defects and recommendations for improvement will be passed to the District Education Officer. The intention is that once the survey has been completed, the schedules will be revised annually.

TABLE I

## A. ROUTINE MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected Satisfactory
(1)	(2)	(3)
1961 and later	—	—
1960	482	482
1959	131	131
1958	29	29
1957	374	374
1956	147	146
1955	33	33
1954	157	157
1953	99	99
1952	4	4
1951	2	2
1950 and earlier	270	270
Total	1,728	1,727

## B. SPECIAL INSPECTIONS

No. of Special Inspections	..	..	..	..	..	—
No. of Re-inspections	..	..	..	..	..	11
Total	..	..	..	..	..	11

## C. INFESTATION

No. of children examined	..	..	..	..	..	2,141
No. of individual pupils found to be infested	..	..	..	..	..	39
No. of individual pupils in respect of whom cleansing notices were issued	..	..	..	..	..	4
No. of individual pupils in respect of whom cleansing orders were issued	..	..	..	..	..	Nil

## D. CASES OF INFECTIOUS DISEASES

Disease	5—9	Age 10—14	15+
Acute Pneumonia	1	—	—
Dysentery	36	7	1
Erysipelas	—	—	—
Measles	410	20	2
Puerperal Pyrexia	—	—	—
Paratyphoid	—	—	—
Scarlet Fever	11	3	—
Typhoid Fever	—	—	—
Tuberculosis—			
Respiratory	—	—	—
Other	—	—	—
Whooping Cough	5	—	—
Total	463	30	3

## DEFECTS FOUND IN SCHOOL CHILDREN

TABLE II

## A. DEFECTS FOUND AT MEDICAL INSPECTIONS

Defect or Disease	No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
Skin .. .. .	24	32
Eyes—		
(a) Vision .. .. .	134	322
(b) Squint .. .. .	44	8
(c) Other .. .. .	6	14
Ears—		
(a) Hearing .. .. .	12	48
(b) Otitis Media.. .. .	6	50
(c) Other .. .. .	—	8
Nose or Throat .. .. .	20	146
Speech .. .. .	8	44
Lymphatic Glands .. .. .	—	56
Heart and Circulation .. .. .	2	14
Lungs .. .. .	12	36
Developmental—		
(a) Hernia .. .. .	4	8
(b) Other.. .. .	8	30
Orthopaedic—		
(a) Posture .. .. .	26	70
(b) Feet .. .. .	122	104
(c) Other .. .. .	16	40
Nervous System—		
(a) Epilepsy .. .. .	2	—
(b) Other.. .. .	4	8
Psychological—		
(a) Development .. .. .	—	20
(b) Stability .. .. .	22	66
Abdomen .. .. .	8	12
Other .. .. .	34	48
Total .. .. .	514	1,184

Note.—These figures also include a small number of Special Inspections.

## B. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total Individual Pupils
1961 and later	—	—	—
1960	13	67	76
1959	3	10	12
1958	4	7	8
1957	26	26	50
1956	14	18	32
1955	3	1	3
1954	—	1	1
1953	2	2	4
1952	—	1	1
1951	—	—	—
1950 and earlier	14	8	22
Total	79	141	209



## TREATMENT OF DISEASES AND DEFECTS

TABLE III

## A. DISEASES OF THE SKIN

						No. of cases known to have been treated during the year
Ringworm—						
(a) Scalp .. .. .	..	..	..	..	..	Nil
(b) Body .. .. .	..	..	..	..	..	Nil
Scabies .. .. .	..	..	..	..	..	Nil
Impetigo .. .. .	..	..	..	..	..	Nil
Other skin diseases .. .. .	..	..	..	..	..	33
						—
Total .. .. .	..	..	..	..	..	33

## B. EYE DISEASES, DEFECTIVE VISION AND SQUINT

						No. of cases known to have been dealt with
External and other, excluding errors of re- fraction and squint .. .. .	..	..	..	..	..	3
Errors of refraction (including squint) .. .. .	..	..	..	..	..	319
						—
Total .. .. .	..	..	..	..	..	322
						—
Number of pupils for whom spectacles were prescribed .. .. .	..	..	..	..	..	122

## C. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

						No. of cases known to have been dealt with
Received operative treatment—						
(a) For diseases of the ear .. .. .	..	..	..	..	..	11
(b) For adenoids and chronic tonsillitis .. .. .	..	..	..	..	..	11
(c) For other nose and throat conditions .. .. .	..	..	..	..	..	4
Received other forms of treatment .. .. .	..	..	..	..	..	81
						—
Total .. .. .	..	..	..	..	..	107
Total number of pupils in school who are known to have been provided with hearing aids—						
(a) In 1965 .. .. .	..	..	..	..	..	1
(b) In previous years .. .. .	..	..	..	..	..	8

## D. OTHER TREATMENT GIVEN

(This includes hospital cases)

	No. of cases known to have been dealt with
(a) Pupils with minor ailments .. .. .	42
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	1
(c) Other than (a) and (b) above—	
1. Heart .. .. .	10
2. Lungs .. .. .	36
3. Nervous system .. .. .	23
4. Lymphatic glands .. .. .	14
5. Development .. .. .	8
6. Abdomen .. .. .	35
7. Psychological .. .. .	59
8. Other .. .. .	120
Total (a) and (c) .. .. .	348

## E. ATTENDANCES AT SCHOOL MEDICAL CLINICS

Defect	No. of Attendances
Skin .. .. .	11
Eyes.. .. .	75
Ears .. .. .	46
Nose and Throat .. .. .	35
Speech .. .. .	28
Lymphatic Glands .. .. .	12
Heart .. .. .	6
Lungs .. .. .	18
Developmental .. .. .	5
Orthopaedic .. .. .	184
Nervous System .. .. .	10
Psychological .. .. .	58
Abdomen .. .. .	9
Other .. .. .	108
Total .. .. .	605

No. of school children examined for part-time employment .. .. .	30
No. of children examined for entertainment licences .. .. .	2
No. of adults medically examined .. .. .	60

## F. ATTENDANCES AT EYE CLINICS

The table below gives details of work carried out at the Molesey and Cobham Eye Clinics during the period:—

*No. of attendances .. .. .	566
No. of individual patients examined .. .. .	364
TREATMENT	
Errors of refraction (including squint) .. .. .	322
Glasses prescribed .. .. .	122

\* This includes school children, pre-school and specials.

## G. REMEDIAL EXERCISES

Centres—Cobham, Esher, Long Ditton and Molesey

No. of Sessions .. .. .	42
No. Treated .. .. .	28
No. of attendances .. .. .	101
No. of new cases admitted .. .. .	28
No. discharged .. .. .	7

In addition 4 school children were treated in hospital out-patient departments for orthopaedic defects.

## H. AUDIOMETRY—HEARING TESTS

The following table gives details of the number of children tested and the results of investigations of children who failed the test during 1965.

	Routine Examinations	Retests and Specials	Total
(1) No. of children tested .. .. .	600	—	600
(2) No. of children who failed test ..	50	—	50
<hr/>			
(3) Result of investigations by School Medical Officers—			
(a) No significant hearing loss ..	2	—	2
(b) No significant hearing loss, but child appears mentally retarded	—	—	—
Deafness due to—			
(c) Catarrhal condition (with or without inflammation of ear) ..	—	—	—
(d) Old otitis media .. .. .	—	—	—
(e) Injury .. .. .	—	—	—
(f) Other causes .. .. .	2	—	2
(g) Undertermined cause .. .. .	2	—	2
(h) Untraced or left district ..	4	2	6
(i) Already supplied with hearing aids .. .. .	—	—	—
(j) Investigations remaining to be carried out .. .. .	40	—	40
	50	2	52
<hr/>			
(4) Recommendations—			
(a) No action required .. .. .	5	2	7
(b) For observation only .. .. .	1	—	1
(c) Referred to Audiology Clinic ..	—	—	—
(d) Referred to General Practitioner	—	—	—
(e) Referred to E.N.T. Consultant	1	—	1
(f) Special position in class ..	2	—	2
(g) Hearing aid and supervision by teacher of deaf .. .. .	1	—	1



# I. AUDIOLOGY—HEARING DEFECTS

Ages	New Cases referred to Audiology Clinic	Not fully assessed by end of previous year	Found to have normal hearing	Found to have remediable hearing loss	Found to have impaired hearing needing hearing aid	Found to have impaired hearing but not requiring hearing aid	Not fully assessed by end of year	Total Examinations at Audiology Clinic during the year
0—2	6	1	5	—	—	—	2	7
2—5	8	2	8	—	—	—	2	11
5—7	1	1	—	2	—	—	—	2
7—11	3	—	2	1	—	—	—	3
11+	—	1	—	—	1	—	—	1
Total	18	5	15	3	1	—	4	24

## DENTAL INSPECTION AND TREATMENT

TABLE IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING  
1965

## 1. Attendances and Treatment—

First Visit .. .. .	1,054
Subsequent Visits .. .. .	2,312
Total Visits .. .. .	3,366
Additional courses of treatment commenced .. .. .	140
Fillings in permanent teeth .. .. .	2,228
Fillings in deciduous teeth .. .. .	1,311
Permanent teeth filled .. .. .	1,564
Deciduous teeth filled .. .. .	968
Permanent teeth extracted .. .. .	190
Deciduous teeth extracted .. .. .	541
General anaesthetics .. .. .	191
Emergencies .. .. .	6
Number of pupils x-rayed .. .. .	143
Prophylaxis .. .. .	487
Teeth otherwise conserved .. .. .	85
Number of teeth root filled .. .. .	1
Inlays .. .. .	6
Crowns .. .. .	8
Courses of treatment completed .. .. .	838

## 2. Orthodontics—

Cases remaining from previous year .. .. .	26
New cases commenced during year .. .. .	19
Cases completed during year .. .. .	11
Cases discontinued during year .. .. .	—
No. of removable Appliances fitted .. .. .	46
No. of fixed appliances fitted .. .. .	—
Pupils referred to Hospital Consultant .. .. .	—

## 3. Prosthetics—

Pupils supplied with F.U. or F.L. (first time) .. .. .	3
Pupils supplied with other dentures (first time) .. .. .	26
Number of dentures supplied .. .. .	32

## 4. Anaesthetics—

General Anaesthetics administered by Dental Officers .. .. .	2
--	---

## 5. Inspections—

(a) First inspection at school. Number of pupils .. .. .	5,840
(b) First inspection at clinic. Number of pupils .. .. .	787
Number of (a) plus (b) found to require treatment .. .. .	3,957
Number of (a) plus (b) offered treatment .. .. .	3,812
(c) Pupils re-inspected at school clinic .. .. .	183
Number of (c) found to require treatment .. .. .	126

## 6. Sessions—

Sessions devoted to treatment .. .. .	445
Sessions devoted to inspection .. .. .	60
Sessions devoted to Dental Health Education .. .. .	9

# HANDICAPPED PUPILS

TABLE V

TABLE SHOWING PARTICULARS OF HANDICAPPED PUPILS AT 31ST DECEMBER, 1965

Category	Total Handi- capped Pupils	DISPOSAL																
		Recommended Special School or Hostel						Recom- mended special education in Ordinary School	Tuition in Hospital or Special Units	Under Review								
		In Special School or Hostel		Parents refuse Consent	On Waiting List	Home Tuition				In Ordinary School	At home or in Hospital or in Private School							
						B	G					B	G					
														B	G	B	G	
B	G	B	G	B	G	B	G	B	G	B	G							
Blind .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Partially Sighted ..	..	1	3	-	2	-	-	-	-	1	1	-	-	-	-	-	-	-
Deaf .. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Partially Deaf ..	..	8	6	4	2	-	-	-	-	4	4	-	-	-	-	-	-	-
Educationally sub-normal ..	..	61	26	30	17	-	-	7	2	9	2	1	4	3	7	1	4	-
Epileptic .. ..	..	1	1	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Maladjusted .. ..	..	17	4	11	4	-	-	-	-	2	-	1	-	-	2	-	1	-
Physically Handicapped ..	..	23	5	11	-	-	-	-	-	7	2	4	-	-	1	-	-	3
Delicate .. ..	..	5	-	3	-	-	-	-	-	1	-	-	-	-	-	-	1	-
Speech Defect.. ..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total .. ..	..	116	45	60	25	-	-	7	2	24	9	5	2	4	3	10	1	6



## ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1965

*To the Chairman and Members  
of the Urban District Council of Esher*

*May, 1966.*

LADIES AND GENTLEMEN,

I have pleasure in submitting my fourth Annual Report for the year 1965.

Public health work in the Esher Urban District strode vigorously forward during 1965. The all important task of hastening the improvement of older, but basically sound dwellings was given impetus by an exhibition and other publicity carried out by the Department. This was done as well as the normal housing repair and clearance area procedures.

In the rural areas a good deal was accomplished to alleviate difficulties with cesspool and septic tank drainage. This was in addition to the completion of a sewerage scheme commenced in 1964.

All complaints received by the Department received prompt attention, those concerning articles of food purchased by members of the public remained at a fairly high level. Some interesting investigations followed, together with legal action in several cases.

On 1st April the Council assumed responsibility for the health and welfare services of the community. This integration in a wide public health field has added enormously to the value of services to residents of the district. Co-operation between our new colleagues and the Public Health Inspectors has been close. The assistance with problems associated with old people living on their own has been particularly valued.

May I conclude by thanking the Chairman of the Public Health Committee, Members of the Council and Officers in other Departments, including Mr. Moir the Public Analyst, for their valued support and co-operation.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. L. BARKER,

*Chief Public Health Inspector.*

## INSPECTION OF DISTRICT

## ANALYSIS OF VISITS

Premises inspected .. .. .	365
Premises reinspected or works in progress .. .. .	1,024
Drains tested .. .. .	19
Infectious disease (including visits by P.H. Nurse) .. .. .	939
Disinfection .. .. .	12
Food poisoning .. .. .	3
Food premises .. .. .	271
Food inspection .. .. .	172
Food and Drugs sampling .. .. .	185
Milk Sampling (phosphatase) .. .. .	38
Ice cream .. .. .	39
Water supply or sampling .. .. .	68
Shops Act .. .. .	10
Factories (powered) .. .. .	42
Factories (non-powered) .. .. .	8
Sanitary conveniences on building sites .. .. .	3
Stables and piggeries .. .. .	17
Ponds, ditches, accumulations .. .. .	83
Petroleum storage .. .. .	141
Caravans .. .. .	129
Rats and mice, etc. (visits by Pests Officer) .. .. .	3,869
Disinfestation .. .. .	58
Offices, shops and railways .. .. .	1,250
Clean Air Act .. .. .	60
Air Pollution research .. .. .	262
Noise .. .. .	142
Pet Animals and Animal Boarding Kennels .. .. .	13
Old Persons Welfare .. .. .	117
Pigeons .. .. .	45
Offices .. .. .	18
Retail Shops .. .. .	45
Wholesale Shops and Warehouses .. .. .	3
Miscellaneous .. .. .	544
Consumer Protection .. .. .	23
Riding Establishments .. .. .	2



## HOUSING, DRAINAGE AND WATER SUPPLY

Included in this item of the report, in tabulated form, are details of action taken following inspection or complaint in respect of damp conditions, unsatisfactory drainage, and other defects in dwelling houses.

Action taken in respect of totally unfit houses is summarised under the section headed "Unfit Houses."

Applications and certificates given under the Rent Act 1957 are also tabulated.

By direction from the Ministry of Housing and Local Government the programme dealing with unfit houses extended over the five years from 1961 to 1965 inclusive and finished on 31st December, 1965.

Seventy properties were included on the original programme submitted to the Ministry. These were dealt with together with an additional thirty-eight houses not on this original list. The successful conclusion of the five year effort represented a lot of hard work by the officers concerned.

The Ministry so far have not asked Local Authorities to formulate new clearance programmes but during 1965 asked for figures of the number of houses at that time known to be unfit. It is understandable that the Ministry would like to establish some positive or "final figure" of the number of unfit houses but it was pointed out to the Council that the deterioration of houses is a continuing process and it is difficult to arrive at such a figure.

Action agreed to by the Council means that premises meriting attention in future will be brought forward at a regular rate so that rehousing responsibilities can be coped with adequately.

Work with regard to improvement of the older type of dwellings which are sub-standard because they lack amenities must obviously go forward energetically to prevent these properties falling into the lower category.

Whilst the Housing Act 1964 gave Local Authorities the power to require compulsory improvement of dwellings in certain cases, it was decided during 1965 to publicise the improvement grants which are available so as to encourage owners to take advantage of them voluntarily to improve their properties.

In this district the analysis of the 1961 census revealed that those households which lacked a fixed bath numbered 1,588 and those sharing a fixed bath 535.

A film show, two exhibitions running concurrently in different parts of the district and meetings were staged to bring grants to the attention of the public during 1965. As a result, applications for grants have increased and it is hoped they will go on doing so.



Completed grants paid by the Council in the last three years are 1963—43, 1964—52, and 1965—72.

It is realised that many dwellings are improved without the assistance of a grant, nevertheless the number for improvement should run at about 150 per annum to reach the target suggested by the Ministry of Housing and Local Government, i.e. that most "improvable" older houses are provided with standard amenities within the next ten years.

During the year under review standards were agreed to by the Council for multi-let houses in respect of general facilities, and means of escape in case of fire.

The water supply of the area is governed by two statutory bodies, and is excellent in quality and quantity. The Water Companies are constantly sampling the water, both from chemical and bacteriological points of view, therefore routine sampling by this Department is not considered necessary, and sampling is carried out only when there is a special reason for so doing.

The water supplied is not plumbo-solvent.

All the dwelling houses in the district have a piped supply direct to the houses from public water mains, with the exception of 4 sub-standard properties which are served by a standpipe.

The natural fluoride content of the two supplies in the Urban District is as follows:—

Metropolitan Water Board .. .. .	0.25 parts per million.
East Surrey Water Company .. .. .	0.15 „ „ „

The question of artificial fluoridation of the water supply has been considered by the Council and rejected.

## STATISTICS

No. of houses built by the Council during 1965 .. .. .	57
No. of houses built by private enterprise during 1965 .. .. .	327
No. of Council houses under construction .. .. .	104
No. of private houses under construction .. .. .	362
No. of dwellings provided by conversion .. .. .	3

## COMPLAINTS

The number of complaints received in respect of housing and drainage matters was .. .. .	123
--	-----

## NOTICES SERVED

Informal Notices (written and verbal) in respect of housing and drainage matters .. .. .	72
Notices of Time and Place for consideration of condition of house Section 16, Housing Act, 1957 .. .. .	11

Orders for demolition or closing houses—Section 17, Housing Act, 1957	6
Notices requiring information as to ownership of premises—Section 170, Housing Act, 1957 and Section 277 Public Health Act 1936 ..	44
Abatement Notices in respect of nuisances—Section 93, Public Health Act, 1936 .. .. .	8
Notices to drain buildings—Section 39, Public Health Act, 1936 ..	4
Notices requiring repair of defective closets—Section 45, Public Health Act, 1936 .. .. .	2

After the service of Notices, the following works were carried out:—

## HOUSE REPAIRS

Ceilings renewed or repaired.. .. .	11
Chimney stacks repaired or renewed .. .. .	5
Damp-proof course inserted or repaired .. .. .	1
Doors and frames renewed or repaired .. .. .	4
Eavesgutters and rainwater pipes renewed or repaired .. .. .	32
Fireplaces and ranges provided or repaired .. .. .	5
Floors and skirting renewed or repaired .. .. .	14
Floors—sub-floor ventilation provided, improved or air bricks repaired	6
Roofs—stripped and re-roofed or repaired .. .. .	17
Rooms cleansed or redecorated .. .. .	14
Sinks—new provided and fixed .. .. .	3
Staircases renewed or repaired .. .. .	2
Staircases, handrails or balustrades renewed or repaired .. .. .	3
Steps renewed or repaired .. .. .	1
Ventilation provided or improved .. .. .	3
Walls, external—repaired or reconstructed.. .. .	11
Walls—dampness remedied .. .. .	25
Walls—internal plaster renewed or repaired .. .. .	21
Windows—sashes renewed or repaired .. .. .	20
Windows—frames and cills renewed or repaired .. .. .	18
Windows—reveals repointed .. .. .	2
Windows—sash cords or glazing putty renewed .. .. .	9

## WATER SUPPLY

Tanks and covers renewed .. .. .	1
Supply reinstated or provided .. .. .	1
Supply pipes and taps renewed or repaired .. .. .	4

## DRAINAGE WORKS

Cesspools filled and houses connected to sewer	..	..	..	..	17
Drains cleared	..	..	..	..	17
Drains relaid or repaired	..	..	..	..	12
Gully kerbing repaired	..	..	..	..	2
Inspection chambers provided or repaired	..	..	..	..	1
Inspection chambers—covers and frames renewed or repaired	..	..			1
Septic tanks repaired or provided	..	..	..	..	2
Surface water drains provided or repaired	..	..	..	..	4
Soil and vent pipes renewed or repaired	..	..	..	..	3
Waste pipes renewed or repaired	..	..	..	..	1

## WATER CLOSETS

Chamber (structure) rebuilt or repaired	..	..	..	..	1
Flushing cistern renewed or repaired	..	..	..	..	8
Pans renewed	..	..	..	..	2
Pans—seats renewed or repaired or pans cleansed	..	..	..		1

## UNFIT HOUSES

### *Housing Act 1957*

The five-year programme for the years 1961 to 1965 inclusive finished on 31st December, 1965. The original programme of 70 houses was expanded over this period to include in all 107 properties.

Action taken in respect of these dwellings was as follows:—

Houses demolished	..	..	..	..	..	..	..	40
Houses where demolition orders operative	..	..	..	..				15
Houses acquired by the Council awaiting demolition	..	..	..					2
Houses closed	..	..	..	..	..	..	..	1
Houses where Closing Orders operative	..	..	..	..	..			2
Houses in confirmed Clearance Areas (Cumpulsory Purchase)	..	..						30
Houses previously unfit brought up to habitable standard	..	..						7
Premises where undertakings given not to use as dwellings	..	..						6
Houses where action in progress	..	..	..	..	..	..		4
Number outstanding	..	..	..	..	..	..	..	1

## RENT ACT 1957 (First Schedule)

### PART 1—Applications for Certificates of Disrepair.

(1) Number of applications for certificates	..	..	..	..	1
(2) Number of decisions not to issue certificates	..	..	..		—



(3)	Number of decisions to issue certificates	..	..	..	1
	(a) in respect of some but not all defects	..	1		
	(b) in respect of all defects	..	..	..	—
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	..	..	..	..
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule..	..	..	..	—
(6)	Number of certificates issued	..	..	..	..
					1

## PART 2—Applications for Cancellation of Certificates.

(7)	Applications by landlords to Local Authority for cancellation of certificates	..	..	..	..	..	..	2
(8)	Objections by tenants to cancellation of certificates	..	..					—
(9)	Decisions by Local Authority to cancel in spite of tenant's objection	..	..	..	..	..	..	—
(10)	Certificates cancelled by Local Authority	..	..	..				2

## CARAVANS

During the year two Prohibitory Orders under the Surrey County Council Act were made in respect of two sites. These Orders enable the Council to require legally the removal of unauthorised caravans.

The Public Health Inspectors again spent some time in dealing with gipsies and vagrants, but the position has eased to a certain extent.

## SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the Engineer and Surveyor for the following information, the inclusion of which is required by Circular 1/66 from the Ministry of Health.

The sewerage of the Urban District as a whole is as stated last year, reasonably adequate but there are still small areas where the arrangements are not satisfactory.

The owners of properties in several roads in Oxshott have still not concluded negotiations with their lessees for the sewerage of the area although the matter has been under discussion since the last annual report.

Only limited progress has been made since the previous report with the negotiations with property owners in an area of Esher that requires a sewerage scheme.

Application for loan sanction for the scheme to abandon the Cobham Sewage Works and convert it to a pumping station to pump the sewage to the Esher Works together with the alterations

and extensions of the works was not made in 1965 but the application will be made during 1966.

A closed circuit television survey is to be made of the existing soil sewers in The Roundway area of Claygate to ascertain if any improvement work can be effected as there appears to be a considerable amount of infiltration into the sewers.

## FOOD AND DRUGS ADMINISTRATION

During the year 185 samples of food and drugs were taken and submitted for analysis. The number of samples taken is equivalent to an average of 3 per 1,000 of the estimated population. Of the samples taken and tested below 27 were reported upon adversely and this represented 14.4 per cent of the total number.

On looking back over past reports one cannot fail to notice the increase in the varieties and types of food sampled. Years ago the word "adulterated" appeared in the analyst's report. Today one is happy to say that the word has almost disappeared and when it does appear it is because of an accidental adulteration. Food manufacturers have tended to become giant concerns each with their own laboratory; many carrying out daily routine sampling of the product they sell. Adverse reports tend to deal with misleading advertising and labelling. Some manufacturers anxious to sell their products are tempted to exaggerate the merits of the particular food in their description on the label. Claims are made that a specific brand of food is rich in vitamins or certain ingredients. As an example of this one of the samples taken was a whisky flavoured marmalade. On analysis the marmalade was found to contain no trace of whisky either by taste or smell. Correspondence with the manufacturer produced the information that small amounts of whisky were added before boiling but subsequently evaporated during the boiling process. One particular source of irritation is the matter concerning the importer's responsibility for foreign produce and his use of a warranty issued by a food exporter outside the British Isles. Today a great percentage of the food sold in our shops comes from abroad and one must be fair and say that the majority of imported foodstuffs comply with our food laws and regulations, but unfortunately no action can be taken against a foreign manufacturer whose product falls below standard. This is a weakness in our present Food and Drugs administration and could be overcome by making the Importers accept more responsibility for the foods they import into this country.

Another factor in food products today which is steadily gaining prominence is the increased use of chemical additives. Food production and manufacture has now become very big business and is highly sophisticated. To ensure that a product has a good



shelf life and to improve its appearance or flavour it has become necessary to add preservatives, vitamins, antioxidants, antimould agents, colours and emulsifying agents. In addition there is a second group of chemicals that can gain accidental admission to the product as a result of a particular manufacturing process at the food factory, or become absorbed into the product as a result of insecticide or fertilizer used as an agricultural aid. Furthermore, widespread use is made of insecticides in warehouses to control insect infestation. Although not a chemical, a further stage of sophistication in respect of food arises from the use of antibiotics in cattle to prevent mastitis which has resulted in penicillin being found in samples of milk. The injection of hormones into chickens is another example.

The importance of this part of the Public Health Inspector's work and the responsibility of the Public Health Committee cannot be over emphasized. The percentage of adverse reports on samples taken during the year bears out this attitude and whilst any individual report may not, in itself, be more than a short statement of fact, it does not necessarily indicate the amount of control work entailed between this department and the manufacturers.

## FOOD SAMPLING

Aspirins, Angiers, junior orange flavoured	Candy, rum flavoured butter
Almonds, ground	Cannelloni
Aubergines	Caviar style lumpfish roe
Bakon Krisps	Cheese puffs
Barbecue baste	Cheese spread
Beef, curry with rice	Cherries, glacé
Beef, roast, sliced with thick gravy	Cherry and brandy preserve
Benedictine	Chewing gum, peppermint flavour
Biscuits, iced	Chicken fillets in jelly
Biscuits, medicinal charcoal	Chicken seasoning, fried
Biscuits, tomato cocktail	Chocolate, cognac milk
Biscuits, tomato sticks	Chocolate dessert powder
Blackcurrant with rum	Chop Suey, meatless without noodles
Blancmange powder	Coffee decaffeinated
Brandy	Cooking oil, pure ground nut
Bread, brown with raisins	Cocoa
Bread, marzipan chocolate covered	Corn bread, easy mix
Butter	Cornish pasty
Butter milk	Cranberry sauce
Butter drops, mixed	Cream de Riz, ground rice
Butterscotch, clotted cream	Cream, double Devon
Butter, brandy flavoured	Cream, tinned dairy
Cake decoration, chocolate	Croquettes, milk chocolate
Cake glaze	Crystal rice
Cake mix, orange	Dream Topping
Calfresh	Dressing, salad mix, cheese garlic
Candy-butter, Pumpernickel cocktail rounds	Dressing, dill
	Dressing, Italian Mixture for salads
	Eau de orange



- Egg noodles
- Entero Vioform
- Faggots
- Farlene (baby food)
- Fecule de Pomme de Terre
- Flavour buds
- Flour, wholewheat
- Fromage au Marce de Raisin
- Frosting mix
- Fruit, mixed
- Fruit 'n nut roll
- Glucose
- Glycerine
- Grape juice
- Ham, deviled
- Hamburgers, hygrade
- Hare, jugged
- Ice cream
- Ice cream, dairy
- Jam, strawberry flavoured
- Jelly, mint flavoured apple
- Kwells
- Lemon essence
- Lemon, bitter
- Lemon curd
- Lemon and lime drink
- Liqueur plum in chocolate
- Linctus, codeine
- Lobster sauce
- Lolly mix, pineapple flavour
- Lolly, ice lemon
- Lolly, ice raspberry flavour
- Mayonnaise, gloria
- Mayonnaise, lemon
- Margarine
- Margarine, kosher
- Marmalade, diabetic fine cut
- Marmalade, Scotch whisky flavoured
- Marmite flavoured savoury straws
- Meringues, baby
- Milk
- Milk, best of the (tinned)
- Milk, Channel Islands
- Milk, skimmed, powder
- Milk, instant low fat, skimmed
- Milk, pasteurised
- Minced meat
- Mushroom soup
- Mustard with whisky
- Mustard, hot
- Mustard, Tarragon
- Nite-cup
- Nut bread mixture
- Nuts, Kobie
- Octopus on skewer with Soy Sauce with sugar
- Orange juice
- Oranges, wrapped (Brazilian)
- Oranges, wrapped (South African)
- Paraffin, liquid
- Pate de campagne
- Patum peperium
- Peaches, white
- Pectin, liquid fruit
- Pepper sauce, hot
- Pickle, hot lime
- Pickling spice
- Plurivite M (vitamin and mineral pellets)
- Potatoes, shoestring
- Prawn Balchow
- Ratafias
- Redoxo effervescent
- Rice crackers
- Rizotto, tomato flavoured
- Rolls, starch reduced
- Rose hip syrup
- Rum, dark
- Sauce melba
- Salted cracknels
- Salt, tenderizing
- Sausages with sauerkraut
- Sausages, pork
- Sea clams, minced
- Seasoning, Maggi
- Shrimps, peeled
- Simbex (cheese crackers)
- Slimas, soup (mushroom)
- Spanish dressing
- Solution of Sal Volatile B.P.
- Swiss shortcakes
- Sweet tops
- Syrup, Log Cabin
- Straws, instant flavour
- Steaks, Vienna
- Tablets, iron tonic
- Tablets, soluble soda
- Tablets, energy
- Table salt (sea)
- Vegetable oil, pure
- Vinegar cider
- Wafers, dietetic
- Wafers, vanilla
- Wheat embryo, pure
- Wheat germ
- Whisky
- Yeast, dried baking
- Yeast, hot roll mix
- Yogurt, chocolate flavoured
- Yogurt, coffee

Details of the samples reported upon adversely by the Public Analyst:—

Sample No. and Description	Irregularity	Action taken or result
11 (Informal) Mustard with Whisky	This article had no taste or flavour of whisky, and contained not more than 0.6 per cent volume weight of whisky. The label also listed vinegar as an ingredient, but this is a generic and not a specific name.	Following representations to importer this commodity is no longer imported into this country.
12 (Informal) Barbecue Baste	Edible gum specified on the label is a generic term and not specific enough to satisfy the Labelling of Food Order, 1953.	Manufacturer has agreed to amend labels.
14 (Informal) Aubergines	Unsuitable packaging resulting in the contamination of the food. The rubber liner seal of the metal cap had been attacked by olive oil and the metal itself by the wine vinegar.	Manufacturer to provide new type of cap.
15 (Informal) Pate de Campagne	Metallic contamination of the paste from the inside of the tin, due to the breakdown of the lacquer.	This was old stock. Retailer disposed of the remainder of this product.
23 (Informal) Farlene (Baby Food)	This article contained a proportion of skimmed milk powder, as stated on the label, but not whole milk. On another part of the label some of the ingredients are shown in illustrated form with word descriptions, and this includes a picture of a cow with the words "dried milk" just above it. Although for the purposes of the Dried Milk Regulations "Dried Milk" is defined as including skimmed milk powder, the implication of a labelling description, associated with a cow, is that the ingredient is whole milk powder. In my opinion this term should be altered to "Skimmed Dried Milk."	Manufacturer has agreed to alter the label to read "Dried Skimmed Milk."

Sample No. and Description	Irregularity	Action taken or result
40 (Informal) Creamy White Frosting Mix	Consisted of an incomplete mix requiring the addition of butter to make "topping" or filling for cakes. This information was not given on the front panel, but only on the back of the packet, and was thus misleading to the purchasers as to the nature and substance of the article.	New slip stick-on label will be sent to all retailers pending the printing of new labels.
47 (Informal) Dream Topping	Stated to contain hydroxylated lecithin, but it is not clear what this substance is and whether it is a permitted emulsifier or stabiliser as defined in the Emulsifiers and Stabilisers in Food Regulations, 1962.	To be left in abeyance pending outcome of Government Committee on Food Labelling.
52 (Informal) Italian Dressing Mix for salads	This mix is only a flavouring and contains none of the basic constituents of a salad dressing. The description is therefore unsatisfactory. The list of ingredients is not conspicuous in the position in which it appears on the label.	Manufacturer has agreed to amend description of sample.
59 (Informal) Brown Bread with Raisins	This brown bread contained rye maize and molasses and did not conform in composition with brown bread as defined by the Bread and Flour Regulations, 1963.	Following representations to importer this commodity is no longer imported into this country.
62 (Informal) Instant Low Fat Milk (Skimmed)	30 per cent deficient in milk fat as compared with that stated on the label. The Statutory declaration was not in accordance with either The Dried Milk Regulations 1923 to 1948 or the Dried Milk Regulations, 1965.	Label to be amended.
65 (Informal) Salad Dressing Mix (Italian)	The ingredients of this article as specified on the label included "modified vegetable gum" but this is a generic and not a specific name or description and is not an appropriate designation for the purpose of the Labelling of Food Order, 1953.	Manufacturer has agreed to amend the label.



Sample No. and Description	Irregularity	Action taken or result
77 (Informal) Milk	Consisted of sour milk.	Sale of product to be discontinued.
81 (Informal) Best of the Milk (Tinned)	“Best of the Milk” is not an appropriate designation nor can it be regarded as to the common or usual name. The sample was one of either homogenised and sterilised “top of the milk” or a mixture of cream and milk. If the article is in fact a mixture of cream and milk, the appropriate designation of each ingredient was not given on a statement on the label as is required by the Labelling of Food Order, 1953.	Negotiations in hand with manufacturer and Ministry of Agriculture, Fisheries and Food regarding the appropriate designation for this type of product.
85 (Informal) Spanish Dressing	This dressing contained no egg or egg yolk and, as judged by the appearance, it was not of the nature of a salad cream or mayonnaise. It did not comply with the statutory standard for these products.	Alterations to be made to label.
87 (Informal) Hot Roll Mix	Consisted of an incomplete mix requiring the addition of 1 egg to the flour and yeast mixture to produce the dough for making “rolls.”	Alterations to be made to label.
88 (Informal) Corn Bread Easy Mix	Consisted of an incomplete mix requiring the addition of 1 egg and half cup of milk to make the corn bread.	Alterations to be made to label.
112 (Informal) Marmalade Scotch Whisky Flavoured	As judged by the alcohol content, the article contained no whisky.	The name is now altered to Scotch Whisky Flavour Marmalade. The Public Analyst agreed designation is now satisfactory.
114 (Informal) Mustard Tarragon	The description of “vinegar” as an ingredient is a generic term and is not sufficiently specific.	Label to be amended.
119 (Informal) Nutbread Mixture	Unsatisfactory labelling.	The distributors of this American product to cease distribution in this country.

Sample No. and Description	Irregularity	Action taken of result
120 (Informal) Cake Mix Orange	The cake mix is incomplete. The label does not conform to the Labelling of Food Order, 1953, as the mix requires the addition of eggs.	This product no longer to be imported from Canada.
124 (Informal) Dietetic Wafers	The statement on the label which includes "vegetable shortening" and "leavening" is generic and is not appropriate for the Labelling of Food Order, 1953.	Label to be amended.
125 (Informal) Prawn Balchow	Misleading label on the bottle in which this article was sold included a statement that "This pickle contains preservative," but no preservative of any kind was detected.	Label to be amended.
135 (Informal) Dill Dressing	The generic terms vinegar and vegetable gums were used on the label and it did not bear a declaration that this article was not a salad cream or mayonnaise.	If the proposals for new Regulations are implemented the labelling of this article would be regarded as satisfactory.
138 (Informal) Potatoes, Shoestring	One of the ingredients of this article was described as vegetable shortening, but shortening is not a permitted description for fats used as an ingredient of food.	Label to be amended.
146 (Informal) Lobster Sauce	The list of ingredients included "fish concentrate" which does not indicate the true nature of the ingredient, and also "seasoning" is too generic and not a specific name or description.	Label to be amended.
173 (Informal) Prepared Hot Mustard	This article had deteriorated due to an unsatisfactory form of closure.	New cap to be fitted on product.
178 (Informal) Skimmed Milk Powder	Labelling not in accordance with the Dried Milk Regulations, 1965.	Manufacturer has agreed to amend the labels on the tins so as to conform with the Regulations.

## FOOD INSPECTION

The following is a list of diseased or otherwise unsound meat and other foods which were inspected and surrendered from food premises in the district and destroyed as being unfit for human consumption:—

	lb.		lb.
Apples .. .. .	21	Mutton (Fresh) .. ..	114
Beef .. .. .	170½	Oxtails .. .. .	50
Beef (Corned) .. ..	24	Pork .. .. .	354
Butter .. .. .	24½	Pork (Tinned) .. ..	26
Chicken (Oven Ready) ..	111	Sausage Meat .. ..	53
Fish (Wet) .. .. .	42	Shrimps, peeled .. ..	5
Flour .. .. .	40	Scampi .. .. .	18
Ham (Tinned) .. ..	27	Sugar .. .. .	21
Kidney (Tinned) .. ..	5	Stewed Steak (Tinned) ..	6
Lamb (fresh) .. .. .	257½	Salmon .. .. .	50
Liver .. .. .	21	Turkeys .. .. .	346½
Lard .. .. .	8	Veal .. .. .	10
Margarine .. .. .	29	Veal (Jellied, Tinned) ..	6
Beans .. .. .	1 pkt.	Peas .. .. .	22 tins
Beans, Butter .. ..	2 pkts.	Tomatoes, Peeled Plum ..	25 tins
Frozen Goods .. ..	3,657 pkts.	Ice Cream Briquettes ..	50 units
Mustard .. .. .	17 pkts.	Ice Cream Briquettes	368 broken units
Semolina .. .. .	2 pkts.		
Lentils .. .. .	2 pkts.		

## COMPLAINTS AND LEGAL PROCEEDINGS

Thirty-nine articles of food or drink complained about by members of the public were examined by the Inspectors or sent for analysis.

A number of the complaints were reported to the Health Committee and some warning letters were sent. In respect of the following articles proceedings resulted:—

*Pork Pie*—The pie was mouldy when purchased. The shopkeeper who sold the pie pleaded guilty and was fined £25, the Council being awarded £7 7s. 0d. costs.

*Swiss Roll with Chocolate Filling*—The filling was found to be mouldy when purchased. The shopkeeper who sold the swiss roll pleaded guilty and was fined £10, the Council being awarded £10 10s. 0d. costs.



*Milk*—A one pint bottle of milk contained fragments of glass. The firm pleaded guilty and was fined £10, the Council being awarded £10 10s. 0d. costs.

*Milk*—A one pint bottle of milk contained foreign matter. The firm pleaded guilty and was fined £25, the Council being awarded £10 10s. 0d. costs.

*Milk*—A one pint bottle of milk contained mould growths on a dried residue of milk solids. The firm pleaded guilty and was fined £50, the Council being awarded £10 costs.

*Loaf of Bread*—A piece of string was found in the substance of the loaf. The firm pleaded guilty and was fined £3 0s. 0d. the Council being awarded £3 3s. 0d. costs.

## MILK AND DAIRIES REGULATIONS

### *Ultra Heat Treated Milk*

The Milk (Special Designations) (Amendment) Regulations, 1965, introduced from 1st October 1965 a new special designation for milk "Ultra Heat Treated." This is to be used for milk which has been processed by the ultra high temperature method, i.e. heated to not less than 270°F. for not less than one second.

### *Dealers' Licences*

The following are the number of Dealers' Pre-packed Milk Licences in force at the end of 1965 and these were renewed during 1965 for a further five years:—

Licences to use the designation "Pasteurised" .. .. .	26
Licences to use the designation "Sterilised" .. .. .	16
Licences to use the designation "Untreated" .. .. .	15
Licences to use the designation "Ultra Heat Treated" .. .. .	4
Number of Milk Distributors registered in the area .. .. .	4
Number of premises registered as Dairies (not being Dairy Farms) .. .. .	4

### *Milk Sampling*

The number of milk samples taken and submitted for the phosphatase and methylene blue tests, to check the efficiency of pasteurisation, was 30. They were all satisfactory.

The number of samples of sterilised milk sent for the turbidity test was 2, and these were satisfactory.

### *Brucella Abortus*

Tests on the supplies of raw milk sold in this area for the organism of *Brucella Abortus* were made in the districts from which the milk is supplied. All such tests proved negative.

### *Dirty Milk Bottles*

A report was submitted during the year under review in connection with the number of complaints about foreign matter in milk or dirty milk bottles. Over the last five years it has been found that complaints about milk form quite a large percentage of the total food complaints received.

Details are as follows:—

			Complaints		Prosecutions	
			Milk	Other Foods	Milk	Other Foods
1961	..	..	11	22	1	2
1962	..	..	14	24	2	1
1963	..	..	5	17	—	2
1964	..	..	16	35	3	9
1965	..	..	14	25	4	3

Legal proceedings were taken on one occasion under the Milk and Dairies Regulations in respect of a bottle with foreign matter adhering to the inside of the bottle. The case was taken in the South-West London Magistrates' Court, the Dairy Company concerned pleaded guilty and were fined £30 with £10 costs.

### FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following table shows the number of food premises in the district which are subject to these regulations:—

									Total
Bakers	..	..	..	..	..	..	..	..	23
Butchers	..	..	..	..	..	..	..	..	35
Clubs	..	..	..	..	..	..	..	..	59
Confectioners	..	..	..	..	..	..	..	..	58
Fishmongers	..	..	..	..	..	..	..	..	17
Food Factories	..	..	..	..	..	..	..	..	3
Greengrocers	..	..	..	..	..	..	..	..	37
Grocers	..	..	..	..	..	..	..	..	107
Hotels and Public Houses	..	..	..	..	..	..	..	..	61
Restaurants, Cafes, etc.	..	..	..	..	..	..	..	..	33
Schools	..	..	..	..	..	..	..	..	33
Works Canteens	..	..	..	..	..	..	..	..	34
Total	..	..	..	..	..	..	..	..	500

All these premises are fitted with sinks and wash-hand basins together with hot and cold water supplies in accordance with regulations numbers 16 and 19 of the Food Hygiene Regulations.



## ICE CREAM

During the year 22 samples were submitted for bacteriological examination (Methylene Blue Test). The results were as follows:—

No. of samples	Provisional grade	Rate % of the total number of samples taken
20	1	90.90
—	2	Nil
2	3	9.10
—	4	Nil

Prepacked ice cream does not as a rule give rise to trouble from the bacterial point of view. Attention is therefore mainly directed to food premises which have their ice cream in bulk containers. The results this year were very good.

## THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in this district.

Three samples of frozen liquid egg were taken for the Alpha-Amylase test and these were found to be satisfactory.

## LICENSING OF SLAUGHTERMEN

Whilst no slaughtermen are employed in this area, there was one on the Register who received a licence for the year.

## CLEAN AIR ACT, 1956

### MEASUREMENT OF AIR POLLUTION

Observations have been continued at Molesey and Thames Ditton volumetric stations and the average results are shown in the tables.

During the year a number of industrial undertakings have been advised on chimney construction and control of boilerhouse plant with a view to preventing air pollution. In one instance the company co-operated by installing photo electric cells in the stack connected to a smoke alarm system and recording apparatus in the boilerhouse.

Strict control is maintained over bonfires and incinerators at industrial and commercial premises. One problem which continues to arise however results from the clearing of building sites and the removal and burning of timber and trees on the site. Serious



nuisances can arise from this source particularly as most sites are usual in built-up areas. Contractors do not appreciate instructions to put out the fires and find alternative methods of disposal of the timber and other materials, particularly when they have made no allowance for this factor in their estimates.

Clearly the Local Authority should at all times give a lead to contractors by including a clause in any contract for public works or housing development to ensure that burning of waste material or trees on site is prohibited and that alternative means of disposal should be allowed for.

It is the practice of the Public Health Department to observe closely the results obtained from the Molesey and Thames Ditton volumetric stations and compare these with other authorities both inside and outside of "black areas." This serves a double purpose in that we can judge the seriousness of air pollution and can also see what can be attained by introducing a clean air zone in a district with a similar level of pollution to our own.

Whilst it is early to reach any definite conclusion we should not lose sight of the fact that any degree whatsoever of air pollution is detrimental and should be discouraged.

One of the main problems when dealing with air pollution is the widespread use of open fires and the burning of bituminous coal; without doubt this is responsible for a great deal of the pollution in this district.

With the modern appliances on the market today and the smokeless fuels available, the public could enjoy cleaner air whilst still retaining open fires, and at the same time, experiencing more efficiency from the appliances. Undoubtedly, however, the modern closed or openable solid fuel stove is more efficient still, and the traditional open fire, even in its more modern form, will ultimately become obsolete. The more quickly the open fire is in fact replaced by a more efficient fitting the better it will be from the clean air point of view and particularly for the benefit of sufferers from respiratory diseases.

## NATIONAL SURVEY OF ATMOSPHERIC POLLUTION

## MOLESEY

Micro GMS/CU.M. SMOKE				Micro GMS/CU.M. SO <sub>2</sub>		
	Monthly Average	Highest Value	Lowest Value	Monthly Average	Highest Value	Lowest Value
January ..	95	334	7	154	341	31
February ..	124	408	46	203	430	85
March ..	66	208	6	132	405	6
April ..	32	80	11	66	144	22
May ..	20	60	7	41	79	24
June ..	19	50	6	48	118	7
July ..	9	19	3	34	84	15
August ..	19	38	5	36	90	17
September ..	28	53	8	34	65	13
October ..	50	130	4	123	256	32
November ..	101	301	3	127	315	43
December ..	58	175	18	64	232	6

## THAMES DITTON

January ..	92	403	11	153	395	23
February ..	101	350	35	212	577	91
March ..	57	227	4	154	285	41
April ..	28	74	4	79	158	25
May ..	17	40	4	43	72	27
June ..	16	48	3	47	132	18
July ..	11	20	4	39	87	18
August ..	18	41	6	37	69	20
September ..	29	69	9	34	76	9
October ..	130	536	14	99	166	25
November ..	95	294	7	134	255	34
December ..	49	165	7	84	179	26

THE OFFICES, SHOPS AND RAILWAY  
PREMISES ACT, 1963

One of the difficulties which has been experienced in this district has been the failure of persons responsible to register their premises despite national and local publicity given to this requirement. A good deal of inspection time has been spent in seeking out premises which come within the jurisdiction of the Act and explaining the need for registration.

It was found that the number of persons employed varied a good deal from the time of registration to the time of inspection.



In this area there is a general and growing shortage of staff in the catering and distributive trades which in the future may become so acute as to affect the general standards which should be maintained. Cleaning staff are particularly difficult to obtain.

With such a wide variety of premises included within the provisions of the Act, it is difficult to arrive at a general standard especially to the requirements relating to lighting. Usually, however, the facilities found were judged to be equal to the tasks which were being performed.

Some accidents have occurred on stairways and some of these staircases have been found to be unsatisfactory particularly in places such as provision stores where heavy or bulky goods have to be carried up and down. It is thought to be highly desirable that the design of staircases with particular regard to width of treads and risers and type of tread surface should be carefully considered when plans of premises are approved. Where heavy goods are stored on various floor levels consideration should be given towards the use of suitable lifts or elevators.

Accidents have been reported and analysed in respect of factories for many years. Much more attention is being paid to the pattern emerging from the reporting of accidents in the home and on the roads. It is anticipated that in the same way the Officers of the Ministry will draw conclusions from the details of accidents reported at offices and shops and suitable preventive measures may be applied in due course.

Generally speaking the Act has been well received and undoubtedly has acted as a spur to many persons responsible for premises who have considerably improved their properties before any inspection has been made.

When work has been required, progress is extremely slow, due mainly to the shortage of building trade staff.

Frequent reinspections are necessary to obtain final satisfactory results.

The first table is the annual report made to the Ministry of Labour.

The second table is an analysis of accidents which have been reported over the twelve months.

The third table shows the analysis of contraventions found during the inspection of premises and in respect of which notices have been sent.



# THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Annual report made to the Ministry of Labour for the period  
1st January to 31st December, 1965:—

## TABLE I

### A. REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices .. .. .	48	131	97
Small shops .. .. .	79	322	260
Retail shops, warehouses ..	2	8	5
Eating establishments open to the public, canteens .. .. .	8	50	42
Storage depots .. .. .	—	—	—
Totals .. .. .	137	511	304

### B. NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES, 1,327

### C. ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices .. .. .	1,972
Small shops .. .. .	1,348
Retail departments, warehouses ..	28
Eating establishments open to the public ..	355
Canteens .. .. .	31
Storage depots .. .. .	—
Total .. .. .	3,734
Total Males .. .. .	1,540
Total Females .. .. .	2,194

TABLE II

## ANALYSIS OF REPORTED ACCIDENTS

				Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to public, canteens	Fuel Storage Depots
Machinery	..	..	..	—	—	—	—	—
Transport	..	..	..	—	—	1	—	—
Falls of persons	..	..	..	1	3	1	—	—
Stepping on or striking against object or person	..	..	..	—	1	—	—	—
Handling goods	..	..	..	1	1	—	—	—
Struck by falling object	..	..	..	—	—	—	—	—
Fires and Explosions	..	..	..	—	—	—	—	—
Electricity	..	..	..	—	—	—	—	—
Use of hand tools	..	..	..	—	1	—	—	—
Not otherwise specified	..	..	..	—	1	—	—	—

TABLE III

## ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions found			Section	Number of Contraventions found		
4	Cleanliness	..	..	21	15	Eating Facilities	..
5	Overcrowding	..	..	3	16	Floors, passage and stairs	..
6	Temperature	..	..	73	17	Fencing exposed parts machinery	..
7	Ventilation	..	..	32	18	Protection of young persons from dangerous ma- chinery	..
8	Lighting	..	..	20	19	Training of young persons working at dangerous machinery	..
9	Sanitary Conveniences	..	..	7	23	Prohibition of heavy work	..
10	Washing facilities	..	..	65	24	First Aid	..
11	Supply of Drinking Water	..	..	2		General Provisions	..
12	Clothing Accommodation	..	..	4			
13	Sitting facilities	..	..	2			
14	Seats (Sedentary Workers)	..	..	2			
				Total			

## FACTORIES ACTS, 1937 to 1959

### 1. Inspections for purposes of provisions as to health: Part I.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	46	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	265	42	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out - workers' premises) .. ..	—	3	1	—
Total .. ..	311	48	2	—

### 2. Cases in which Defects were found:

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable Temperature (S.3) .. ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. ..	—	—	—	—	—
Sanitary conveniences (S.7):—					
(a) Insufficient .. ..	—	—	—	—	—
(b) Unsuitable or defective	2	2	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	—	—	—	—	—
Total .. ..	2	2	—	1	—



There is a nil return under Part VIII of the Factory Act (Sections 110 and 111), which deals with outwork.

### **PETROLEUM (CONSOLIDATION) ACT, 1928**

During 1965, 83 premises within the Urban District were licensed to store (at any one time) 245,795 gallons of Petroleum Spirit and Petroleum Mixtures. One licence was issued for the storage of 1 ton of Carbide of Calcium.

A lot of work was done during the year to ensure that safety measures were being observed at petroleum installations. A number of disused or defective old underground storage tanks were permanently disposed of and made safe, either by filling with sand or concrete slurry.

### **PREVENTION OF DAMAGE BY PESTS ACT, 1949**

Tabulated overleaf are details of information required annually by the Ministry of Agriculture, Fisheries and Food. During the year under review the total number of complaints received by the Department was 788.

One statutory notice was served during the year under Section 4 of the Act and 8 informal notices for the removal of accumulations harbouring rats.

The Infestation Control Division of the Ministry of Agriculture, Fisheries and Food wrote to Local Authorities during the year saying that they had been considering some aspects of rodent control administration. They had noticed from the returns made by authorities that there seemed to have been, in some areas, a tendency towards increased infestation. They emphasised the importance which was attached to the maintenance of high standards of rodent control and stated that modern techniques offered increasing possibilities including that of clearing urban areas completely of rats. This part was concluded by stating that they would be glad if local authorities would consider whether there was any further action that they (the local authorities) could take to intensify their measures of rodent control.

The Ministry then dealt with co-operation between adjoining groups of local authorities and stated that the Workable Area Committee, to which this Council belongs, may in future be known as the Area Liaison Committee on Pest Control; this the Ministry stated would have the advantage of emphasising the liaison function, and would also reflect the fact that many local committees have widened their scope to cover pests other than rodents.

The Ministry have revised the form on which local authorities make an annual report on rats and mice, with the object of simplifying it and reducing the information requested to a minimum. This is in fact the last year that the old form of report, which appears in this annual report, will be used.

The Ministry mentioned that local authorities are not under any obligation to charge for rodent control carried out at business premises.

In reply to these matters made by the Ministry, it may be true that there is a slight increase of rodent infestation in this area. 788 complaints were received from the public during 1965 and 3,469 visits were made. An additional appointment was made in the Department last February of a General Duties Assistant, who spends approximately half his time on rodent control duties. We are therefore making an effort as requested, but as far as the much wider issue goes, of clearing urban areas completely, this is a very large and complex and no doubt costly undertaking and would need co-operation over a wide area. The Ministry do not go on to say how the clearance should be achieved and therefore I anticipate that at the moment they are putting the germ of the idea forward so that it may lead up to concerted action in due course. The Council are not equipped to deal with some other pests such as squirrels and moles and have no statutory duty in this respect. With regard to rodent control on business premises a charge is made on a time and material basis and the Council recommended no change from this policy at the present time.

The Officers doing this work are to be congratulated on their work and success over the year.



# PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Report for 12 months ended 31st December, 1965

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## TYPE OF PROPERTY

	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) Non-Agricultural All other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	(5) Agricultural
I. Number of properties in Local Authority's District .. .. .	77	21,644	2,632	24,353	32
II. Total number of properties inspected as a result of notification .. .. .	6	757	40	803	1
Number of such properties found to be infested by:—					
Common rat	—	—	—	—	7
House mouse	5	724	24	753	—
	—	—	—	—	—
	1	43	16	60	2
III. Total number of properties inspected in the course of survey under the Act. . . . .	10	360	27	397	—
Number of such properties found to be infested by:—					
Common rat	—	—	—	—	—
House mouse	2	260	8	270	—
	—	—	—	—	—
	—	12	—	12	—
IV. Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose) .. .. .	2	16	271	289	6
V. Total inspections carried out including re-inspections .. .. .	152	2,754	563	3,469	—
VI. Number of infested properties (in Sections II, III and IV) treated by the Local Authority ..	10	1,055	60	1,125	15
VII. Number of "Block" control schemes carried out	—	5	—	5	—



## GENERAL PUBLIC HEALTH MATTERS

### COMPLAINTS

The number received re miscellaneous health matters during  
the year was .. .. . 96

### NOTICES SERVED

Informal Notices .. .. . 9

### GENERAL NUISANCES ABATED

Accumulations removed	.. .. .	10
Premises disinfested	.. .. .	34
Miscellaneous other nuisances abated	.. .. .	1

### DISINFECTION

Following cases of infectious disease, disinfection was carried out in respect of rooms or bedding at 5 premises.

### SHOPS (EARLY CLOSING DAYS) ACT, 1965

This Act came into operation on 5th August, 1965.

The Act's main object was to enable shopkeepers to choose their own early closing day, hitherto known as the weekly half-holiday. The power of local authorities to make orders fixing the day was abolished. No early closing day orders were made in the Esher Urban District.

The provisions of Section 1 of the new Act came into immediate effect. These provisions do not however differ substantially from those of Section 1(3) of the Act of 1950, under which the shopkeeper specified in a notice the early closing day selected by him. The new Act clarified the method of displaying the notice and the effect of the requirement that alterations must not be made more frequently than once every three months.

The occupier of a shop was required to keep conspicuously displayed, so as to be visible from outside the shop at an entrance used by its customers, a notice specifying the chosen day. The wording of the notice was not specified, but "Early Closing day (Wednesday) 1 p.m." or "Early Closing day—closed all day (Monday)" was sufficient.

The day selected for early closing day must not be varied more frequently than once every three months, but a change followed by a reversion within one month to the previously chosen day constituted one alteration, not two.

## SPRAYING OF PONDS AND DITCHES

The routine spraying of stagnant water with oil for the control of mosquitoes was carried out as usual.

## SWIMMING POOLS

Inspections were made during the swimming season and water samples were taken at public pools and at those used by schools.

## RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation on 1st April, 1965. It provides a system of licensing and inspection by the local authority of establishments at which a business of letting out horses on hire for riding; or for use in providing instruction in riding is carried on.

Two premises were licensed during the year.

The licences were granted following reports on the animals and the premises by Mr. M. Rand, M.R.C.V.S., the Veterinary Surgeon, appointed by the Council for this specific duty.

## ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act regulates the keeping of boarding establishments for animals, and the main provisions relate to their accommodation in regard to construction, size of quarters, number of occupants, exercising facilities, temperature, lighting, ventilation, cleanliness, etc.

Two licences were granted during the year under review.

## PET ANIMALS ACT, 1951

Two applications were received and licences were granted for the year 1965.

## COMMON LODGING HOUSES

There are none registered within the Urban District.

## RAINFALL

Table showing rainfall in the district during 1965 taken at Esher Sewage Purification Works:

						Total Rainfall Inches
January	..	..	..	..	..	1.98
February	..	..	..	..	..	0.43
March	..	..	..	..	..	1.73
April ..	..	..	..	..	..	1.34
May ..	..	..	..	..	..	2.01
June ..	..	..	..	..	..	1.69
July ..	..	..	..	..	..	3.25
August	..	..	..	..	..	2.11
September	..	..	..	..	..	5.11
October	..	..	..	..	..	0.50
November	..	..	..	..	..	2.88
December	..	..	..	..	..	3.43
Total ..						26.46 ins.

Compared with the figures for the previous year this is an increase of 4.58 of an inch.

The average yearly rainfall for the past five years was 23.87 inches.



